**SRP - Sustainable Rice Platform Service Request Form**

**Yes,please send us a non-binding verification service proposal, based on the information detailed below.**

*If you do not have enough information to answer any of the questions detailed below, leave them blank and our staff will contact you to clarify the questions.*

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| **Contact information** | | |
| Registered name of the Organization: |  | |
| Main contact: | Number: | Mobile: |
| Position: | e-mail: |
| Postal address: | Country: | City: |
| Street/No: | Postal code: |
| Phone: | Fax: |
| Other information: | NIF/CIF/CIN/GST**:** | Website: |

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| **Scope of verification** | | | | | | | | | | | | |
| Services you are interested in: |  | SRP Farm Verification | | | | | | | |  |  | |
|  | SRP Chain of Custody Verification (***for Farm that would like to make SRP claim, SRP COC verification audit should also be applied - advisable to conduct both verifications at once***) | | | | | | | | | | |
| SRP Farm Verification Audit | | | | | | | | | | | | |
| Current Verification Status: | Level 1 Verification  Level 2 Verification  Level 3 Verification | | | |  | | | | |  | | |
| Type of operation: | Single farm | | | | Group of farms | | | | |  | | |
| Level of Verification Required: | Level 3 | | | | Level 2 | | | | |  | | |
| Organization size: | Number of farm/s employees:  IMS Manager Contact details  Name:  Email:  Mobile phone: | | | | | | | | | | | |
| Number of processing/ warehouse/ storage sites: | | | | | | | | | | | |
| Agricultural area (rice): | Total area (Ha):  ***(including infrastructure)*** | | | | | | Total rice production area (Ha): | | | | | |
| How many cycles of Rice do you grow  One cycle  Two cycles  Three cycles | **Rice Planting time**  First season  Second Season  Third Season | | | **Rice Harvesting time**  First season  Second Season  Third Season | | | | | | **Production (MT)**  First season  Second Season  Third Season | | |
| Harvest volumes: | What is the Total volume of rice marketed annually (MT): | | | | | What was last year's actual harvest volume of the group under SRP verification (MT): | | | | | | |
| Agricultural Management Units (individual / group members): | How many Agricultural Management Units are within the area you want to evaluate?  (***Complete the list attached to this application with details of agricultural management units, their location and size***) | | | | | | | | | | | |
| Sites with High Conservation Value Attributes(AVC) | Do agricultural areas contain or are nearby High Conservation Value attributes? | | | | | | | | | Yes | |  |
| No | |  |
| I'm not sure | |  |
| Areas excluded from scope: | Are there other Agricultural Management Units owned or managed by your Organization that are not included in the proposed scope for the certificate? In case of affirmative response provide additional information: | | | | | | | | | Yes  No | | |
| Previous evaluations: | Has your company been evaluated previously for the same type of verification? | | | | | | | | | Yes Level:\_\_  No | | |
| If yes, specify the verification entity that carried out the evaluation, and the year in which the evaluation process ended: | | | | | | | | | | | |
| SRP COC Verification Audit | | | | | | | | | | | | |
| Type of operation: | Single site | | | | Multi-site  If multi-site please complete the multi-site information below, under the SRP multi-site list. | | | | | | | |
| Organization size: | Number of processing facility and warehouse:  Number of processing employees: | | | | | | | | | | | |
| Number of service providers/ subcontractors (if any): | | | | | | | | | | | |
| Rice volumes: | What is the Total volume of rice marketed annually (MT): | | | | | What was last year's actual volume of the group under SRP system (MT): | | | | | | |
| Company activities: | Collector  Miller | | | | | Trader  Other …… | | | | | | |
| System for SRP claim | Identity Preserved | | Product Segregation | | | | | | Mass Balance | | | |
| Outsourcing: | Non-certified subcontractors  Certified subcontractors | | | | | | Outsourcing of the complete production process  N/A | | | | | |
| Trademark use: | SRP Label on-product | | | | | | | SRP promotional | | | | |
| Previous evaluations: | Has your company been evaluated previously for the same type of verification audit? | | | | | | | | | Yes  No | | |
| If yes, specify the verification entity that carried out the evaluation, and the year in which the evaluation process ended: | | | | | | | | | | | |

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| **SRP multi-site list** | | | |
| Nr. | Site name | Address/location | Site activities  e.g. processing; warehouse; packaging; others |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
|  |  |  |  |

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| **Yes, I would like to receive the free e-newsletter!** | |
| **Email** | **Language** |
|  | English Spanish Russian  Polish |
|  | Spanish English Russian  Polish |

**Take the first step towards verification**

To obtain this verification, please complete and send this document by e-mail to amohandas@preferredbynature.org or your designated Preferred by Nature (NEPCon) contact.

All information will be kept covered by our privacy policy and will be used only for the purpose of preparing a work proposal.

**I hereby certify that the information provided in this application is correct:**

Name:

Designation:

Date:

Signature: