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| --- |
| Company details |

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| --- | --- |
| Company name: |  |
| VAT no*:* |  |
| Business accountable: |  |
| Mail address: |  |
| Visiting address: |  |
| E-mail address: |  |
| Website: |  |
| Phone number: |  |
| Fax number: |  |
| Contact person: |  |
| Phone number to contact person: |  |
| E-mail to contact person: |  |
| If there is production on more than one site mentioned above, please fill in address with phone number and contact person for each additional site: |  |
| Import/export |  |
| EU organic- controlled by which control body?  Please attach valid EU organic certificate and decision letter for the production mentioned above. |  |
| KRAV, which areas: |  |

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| *Information below will be used to define the scope of the certification as well as to the basis for the statistics. Business facts are made anonymous. Fill out if applicable.* |

|  |  |
| --- | --- |
| Products that will be produced and sold as KRAV: |  |
| Total number of Employees: |  |
| Products will be sold to: |  |

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| --- |
| Are you currently certified?  If yes, which standards: |
| Most suitable period for certification in (week/month) |
| **Other information:** |
|  |
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| --- |
| Signature: |
| Have taken note and agrees to follow the affiliation and production requirements for the KRAV standard.  Reporting to KRAV in accordance with their requirements.  Product labelling in accordance to the EU organic regulations and KRAV requirements.  Authorizes the contact person (other than operations manager) to sign audit and non-conformity report for the company.  Ensures that all production sites and descriptions of operation/for notified products are covered by the certification. The description of the site and their operation shall be sent in together with this form to full fill the application. When changes occur, an updated description should be sent in to the Intertek Certification AB.  When changing certification body, to hand over the current certification documents without delay.  Agree to notify any significant changes in production to the certification body.  Accepts that the name, marketed products as well as information on approved certification are posted on the internet. |

|  |  |
| --- | --- |
| City and date: |  |
| Signature: |  |
| Printed name: |  |

Please email this form to: [kontakt@intertek.com](mailto:kontakt@intertek.com), With ”Application for KRAV” in the subject line.

Or, please send the form in regular mail to:  
Intertek Certification AB SE-EKO-08  
Box 1103  
164 22 Kista  
SWEDEN