SGS							
SGS India Organic Programme							
Author: Madhusudan Sharma	Local Procedure	Issue 10					
Approval: Ghanendra Sharma	IN LP AD 11.00	Page 1 of 3					
	Certification Questionnaire	Effective: 08TH MARCH 2022					

Please complete this form in as much detail as possible, and return to the SGS office address given on the last page. Once SGS receives your completed questionnaire it will be able to prepare and send you an obligation free proposal detailing assessment costs and an audit program.

This questionnaire can be printed and completed by hand or by typewriter, alternatively it may be obtained from SGS as a Word document and completed (and submitted if wished) electronically. If completing electronically, tab to each section to be completed. Pressing the F1 Key will give you help where needed.

Client Contact Details

Client Name	ORIOILS PVT LTD						
Trading Name (if different)	ORIOILS PVT LTD						
Contact Name	ANAND IYER						
Contact Position	☐ OWNER ☐ PARTNER ☐ OFFICER ☒ DIRECTOR ☐ MANAGER ☐ OTHER:						
Mailing Address	UNIT NO-71 ON SECOND FLOOR, GAMI INDUSTRIAL PARK TTC INDUSTRIAL AREA, MIDC PLOT NO-C/39A PAWANE NAVI MUMBAI						
Country	INDIA Postcode / Zip code: 400705						
Physical Address UNIT NO-71 ON SECOND FLOOR, GAMI INDUSTRIAL PARK TTC INDUSTRIAL AREA, MIDC PLOT NO-C/39A PAWANE NAVI MUMBAI							
Telephone		Facsimile:			Mobile: 8850098671		
Email	ANAND.IYER@ORIGIN-OII	LS.CO.UK	Website:	www.o	RIGIN-OILS.CO.UK		
Type of Business:	☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED ☐ COOPERATIVE ☐ OTHER:						
For Corporate Only.	Please specify the Name , address and contact details :						
Details for accounting purpose:	Finance Contact Person Name: Dinesh Jaiswal Company's PAN: AADCO3837D (Must enclose the copy of PAN Card)				•		
	Contact Number: 989269925			Compan	ny's TAN: MUMO08926B		
	Email ID: dinesh.jaiswal@origin-oils.co.uk						
	Certifica	tion Standard Ap	plied for				
For Organic Certification	1) For Organic NPOP Standards, Government of India						
	 Primary Producer Group certification 		- /	Wild Colle	ction ufacturer		
Category	3) Processing 4) Trading		0)	iriput iviari	ulacturer 23		
7,							
Certification Information Is your organization currently Yes □ No If yes, to what Standard(s):							
certified?	ently Yes No If yes, to what Standard(s): (Please attach copies of certificates)			utes)			
Has your organization eve been declined or refused certification?	r Yes □ No ⊠	If yes, plea	If yes, please give details:				
Has your Organization ever suspended / Terminated b previous CB for any scope (Processing/Trading / ICS/ Individual producer etc)	y		If yes, please give details: Reason of Termination / Suspension				

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In case wrong or false information provided, Sanction shall be imposed and certificate can be Suspended/ Terminated.									
When do you believe your program will be ready for certification?						(Give Month and Year)			
Pre-Assessment						NOVEMBER 2023			
Document Review (where required)						DECEMBER 2023			
Initial Audit						DECEMBER 2023			
			Scope of	Certification	1				
Primary Producer	Group Certification	Processor	r (Repacking)	Trade	r/Exporter ⊠	Others		
Product details applied (Crops grown / Process product / Wild Product	s product/ trade	ESSENTIAL OILS(AS PERAT			ATT	TTACHED LIST)			
UNIT NO-71 ON SECOND					LOOR,GAMI INDUSTRIAL PARK TTC LOT NO-C/39A PAWANE NAVI MUMBAI-400705				
Processing Unit Detail (For processing scope only)		address Number Validity Capac			Installed Capacity (MT/day)	Additional Certification if any (eg.ISO 22000/ISO 9001/HACCP/Others)			
ICC Name (in case of Custom contification)		ICS 1 : ICS 2							
ICS Name (in case of Group certification) ICS 1									
No. of Farmers (For Gr	oup Certification)	No. of Farmers in the group :					Number of ICS (Minimum 25 and maximum 500 farmers per ICS):		
Area - if Applicable		Hectares to be certified :					Total farm Hectares: 1000 sq fit		
GPS Co-ordinates of F Producer/Farmer/Wild		Latitude :					Longitude :		

FOR GROUP CERIFICATION:

Group Certification					
S.No.	Name of the Farmers	Address	Crops /varieties grown	Acreage (in Ha)	

DECLARATION:

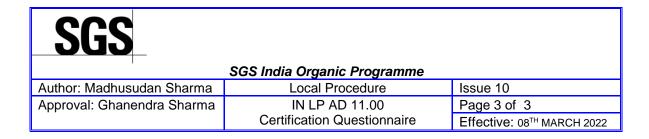
This is to declare that all the farmers that are been mentioned in the above list are not been involved in any of the other projects or group.

NAME : ANAND IYER SIGNATURE : DATE : 02/11/2023

Note: (if submitting electronically do not sign, your email will be taken as an indication of agreement)

NOTE:

- 1) PLEASE SPECIFY THE ACREAGE ACCURATERLY.
- 2) FARMERS IN THE GROUP SHOULD NOT BE PART OF ANY OTHER PROJECT UNDER CERTIFICATION.



Confirmation :							
This is to confirm that the information that are filled in the questionnaire is complete and accurate to the best of my knowledge NAME :ANAND IYER SIGNATURE : DATE :02/11/2023 Note : (if submitting electronically do not sign, your email will be taken as an indication of agreement)							
SGS Internal use only: date R'cd:	Date revie	wed:	Reviewer:				
Proposal can be made to this client	Yes 🗌	No ☐ Reason :					
	Return A	ddress and Details					
Please return this Questionnaire to:							
SGS India Private Limited							
226, Udyog Vihar. Phase I Gurgaon-122016. Haryana State If you have any queries, please contact: Mr. Madhusudan Sharma Mobile No: 08860117818 Direct Line: 0124 - 6776379 Telephone: 0124-6776300 Email: Madhusudan.sharma@sgs.com Facsimile: 0124- 6776404							

Thank you for taking the time to complete this questionnaire. By providing this information SGS can develop a more complete understanding of your business, and help you to add value to your management program.