|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Customer Basic Information** BAC.small.jpg | | | | | |
|  | | | | | |
| **Company Name/Organization** : | | | | | Contact Date: \_\_\_/\_\_\_/\_\_\_\_\_ |
| **Address** : | | | | | |
| **Tax ID** : | | | | | |
| **Contact Person**: | | | | | Informant Name: |
| Contact by : | □E-mail □Telephone □Others\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Telephone Number: | | | | E-mail address : | |
| **Type of certification request** | | □Single farm □Small farmer group □Handler/Processing □Trader/Exporter | | | |
| [**For farm only**] Area of farm.................Rai Amount of owner.............. Amount of field…………... | | | | | |
| **Request standard** | | □EU □ NOP □ JAS □ IFOAM □BAC Cosmetic □Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **List of products/goods** | | 1.  2.  3.  … | | | |
| **In case of need to certify farm** | | |  | | |
| 1. This farm is used to certify or not? | | | □ Yes □ No | | |
| 2.If it used to certify before, please specify the standard/Certification Body/Year (or attach the document) | | | | | |
| 3. In case of need to certify handling, describe raw materials/ingredients which are contained in the product.  (or attach the document) | | | | | |
| 4. (FromNo.3) The ingredients which are mentioned above used to certify or not? If yes, please specify. | | | | | |
| Need more Information | □ Quotation□ Basic Information□ Standard□ Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Note** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| ------------------------------------------------------------------------------------------------------ | | | | | |
| **For BAC Staff** | | | | | |
| **Remark** | □ Sent the document on date \_\_\_\_\_\_\_\_\_\_Sent by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | □Contact back by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **By** | □ E-mail □ Fax □Telephone □ Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Note** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |