

	Application Form for GLOBALG.A. P Certification	Document No: AGF 002
		Version No 3
		Issue Date: 15/04/2026

1	Name of the operator / Farmer group / company applying for certification:		
2	Address:		
	Farm Location:		P.O. Box :
	GPS Reading on farm physical address		
	Postal Code :		City:
	Email :		Country:
	Phone :	Fax :	Mobile :
	3	Legal status (Ownership of farm)	Registration number of company:
Name and address of Holding company*: * If the applying company is a part of a holding company			
Countries where the products are intended to be traded:			
4	Certification Contact Person Name:		
	Title:		
	Phone:		
	Email Address:		
	Financial Contact Person Name:		
	Title:		
	Phone:		
	Email Address:		
5	Scope applied for: (Tick the standard)	<input type="checkbox"/> GLOBALG.A. P option 1 Version 6 Smart (Fruit and Vegetables). <input type="checkbox"/> GLOBALG.A. P option 1 Version 6 GFS (Fruit and Vegetables). <input type="checkbox"/> GLOBALG.GAP option 2 Version 6 Smart (Fruit and Vegetables). <input type="checkbox"/> GLOBALG.A. P option 2 Version 6 GFS (Fruit and Vegetables). Add on <input type="checkbox"/> GRASP <input type="checkbox"/> PHU <input type="checkbox"/> Spring <input type="checkbox"/> local gap	
	6.	Type of Service: Pre-inspection <input type="checkbox"/> Certification Audit <input type="checkbox"/>	

Prepared by	Scheme Manager	Approved by	M.D
-------------	----------------	-------------	-----



**Application Form for
GLOBALG.A. P Certification**

Document No: AGF 002

Version No 3

Issue Date: 15/04/2026

7.	<p>Has a self-assessment for option I or internal inspections for all producers under option II been done? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Please note that in case the self-assessment or internal inspection is not completed, the audit will be called off until these are done.</i></p>																																								
8	<p>Previous registration with another certification body for GLOBALG.A.P.? No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> (Provide previous GGN) (Provide previous Certificate no.)..... (Name of Certification Body)</p> <p>Previous registration with Agri-Canaan Limited? No:</p> <p>Yes: <input type="checkbox"/> (Provide previous GGN (Provide previous Certificate no.)</p>																																								
9	<p>Crops To Be Certified and Field/Plot Size and Location (for farmer group skip No. 9 go to 10)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Crop (common & scientific name)</th> <th style="width: 15%;">Non-covered crops first harvest Plot/Field size (ha)</th> <th style="width: 15%;">Non-covered crops further harvest Plot/Field size (ha)</th> <th style="width: 15%;">Covered crops first harvest Plot/Field size (ha)</th> <th style="width: 15%;">Covered crops further harvest Plot/Field size (ha)</th> <th style="width: 20%;">Harvest exclusion (Refer to 9 below)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td align="center"><input type="checkbox"/></td></tr> </tbody> </table>					Crop (common & scientific name)	Non-covered crops first harvest Plot/Field size (ha)	Non-covered crops further harvest Plot/Field size (ha)	Covered crops first harvest Plot/Field size (ha)	Covered crops further harvest Plot/Field size (ha)	Harvest exclusion (Refer to 9 below)						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>
Crop (common & scientific name)	Non-covered crops first harvest Plot/Field size (ha)	Non-covered crops further harvest Plot/Field size (ha)	Covered crops first harvest Plot/Field size (ha)	Covered crops further harvest Plot/Field size (ha)	Harvest exclusion (Refer to 9 below)																																				
					<input type="checkbox"/>																																				
					<input type="checkbox"/>																																				
					<input type="checkbox"/>																																				
					<input type="checkbox"/>																																				
					<input type="checkbox"/>																																				
10	<p>For crops listed above or in the farmer register, indicate dates when harvest started, whether harvest is ongoing and when harvest will end for all certification options.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Crop</th> <th style="width: 20%;">Date when harvest started dd-mm-yyyy</th> <th style="width: 20%;">Is harvest on-going? (yes/no)</th> <th style="width: 40%;">When is harvest likely to end? (Indicate date) dd-mm-yyyy</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Crop	Date when harvest started dd-mm-yyyy	Is harvest on-going? (yes/no)	When is harvest likely to end? (Indicate date) dd-mm-yyyy																																
Crop	Date when harvest started dd-mm-yyyy	Is harvest on-going? (yes/no)	When is harvest likely to end? (Indicate date) dd-mm-yyyy																																						

Prepared by	Scheme Manager	Approved by	M.D
--------------------	----------------	--------------------	-----



**Application Form for
GLOBALG.A. P Certification**

Document No: AGF 002

Version No 3

Issue Date: 15/04/2026

If there is produce handling:

Do you pack or handle products for other GLOBALG.A.P. certified producers

Producers No:

Yes:

If yes, provide GGN (GLOBALG.A.P. Client Number(s)).

Producer	GGN

Do you purchase products for NON GLOBAL GAP certified producers (Parallel ownership)

No:

Yes:

If yes you will be registered and audited against the applicable control points AF 13. (Traceability & Segregation).

13

For a farmer group Please fill in the attached GlobalG.A.P. option 2 producer registration form.

Sub-contracted Activities

List all companies or persons that you have sub-contracted activities covered by the GLOBALG.A.P. General Regulations (GLOBALG.A.P. Option 2 QMS or any Technical responsibilities e.g. Crop protection product application).

Company/person name	Contact details	Activity

For Leased production sites (or other) activity (or attach register)

Name of farmer	Location	Size	Crop

Maximum Residue Levels (MRL) Sampling & Analysis done by:

Self : Second Party: Third Party: .

Prepared by	Scheme Manager	Approved by	M.D
--------------------	----------------	--------------------	-----

	Application Form for GLOBALG.A. P Certification	Document No: AGF 002
		Version No 3
		Issue Date: 15/04/2026

16	Note: Operators applying for certification must have access to the applicable standards (this can be downloaded free of charge from www.globalgap.org Or obtained from the information pack from Agri-Canaan (delivery and printing cost charged to the client).
-----------	--

Date:

Name (Authorised Signatory):

Signature: _____

Company stamp:

FOR Agri-Canaan'S USE ONLY:

Application reviewed and approved by:	
Date of final review and approval:	

Prepared by	Scheme Manager	Approved by	M.D
--------------------	----------------	--------------------	-----