

**Application For**

**Iceland Responsible Fisheries Foundation**

**Responsible Fisheries Management**

**Chain of Custody Certification**

**To participate in the Scheme requires full disclosure of all business activities related to the Scheme.**

**ANY FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION MAY RESULT IN WITHDRAWAL OF CERTIFICATION.**

**1. Company Details.**

|  |  |
| --- | --- |
| **Company Name:** |       |
| **Address:** |       |
| **City/State:** |       |
| **Province/Country:** |       |
| **Postal Code :** |       | **Phone** |       | **Fax** |       |
| **E-mail :** |       |
| **Company Legal Entity:** |       | e.g. INC, PLC, Sole Trader, Producer Group |

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| **Will the Company take legal ownership of the Iceland RFM Certified fishery product?** N.B answer yes, even if ownership only takes place on certain occasions. |       |

**2. Contact Person Details.**

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| **Title:** |       |
| **First Name:** |       |
| **Last Name:** |       |
| **Address:** |       |
| **City/State:** |       |
| **Province/Country:** |       |
| **Postal Code :** |       | **Phone** |       | **Fax** |       |
| **E-mail :** |       |

**3. Audit Details**

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| **Number of Sites for Certification (Include Processing Vessels if Relevant):** |       |
| **More Than One Site** |
| **Is it a Multisite Organisation (Refer to Guidance Document: Form 2)?** |       |
| **Are they a number of independently managed sites?** |       |

1. **Site Details**

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| --- | --- | --- | --- | --- | --- |
| **Name**  | **Address** | **Number of Staff** | **Certified Fishery Product Purchased** |  **Activity** |  **Certified Fishery Product Sold** |
|       |       |       |       |       |       |
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| **ACTIVITY DESCRIPTION** |
| Trading fish (buying/selling) | Storage and Distribution | Packing or repacking | Processing Vessel | PrimaryProcessing | SecondaryProcessing | Contract processing | Retail to consumer | Restaurant / Take Away to consumer | Other |

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| **PRODUCT DESCRIPTION: Name of Species plus:** |
| Fillets | Gutted | De-headed and gutted | Minced | Oil | Portions | Roe | Steaks Portion | Whole | Other |
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Please use and attach additional pages if necessary.

1. **Iceland RFM Certified Fishery Source**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Species Common Name** | **Species Latin Name** | **Geographic Location** | **Certificate Number** | **Certified Supplier** |
|       |       |       |       |       |
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1. **Sub- Contractors Used**

**Subcontractors: An organisation that is contracted to carry out work under contract for a third party or affiliate (includes contract processors, transportation companies, distribution companies and any other storage or processing facilities).**

Please declare and provide details of sub-contractors that are used in handling the products (to be covered by the Iceland RFM Certificate).

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| **Name**  | **Address** |  **Activity** | **Do they hold an existing Iceland RFM CoC Certificate?** | **Have they had an Iceland RFM CoC Certificate revoked?** |
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**7.** **Management System in Operation.**

Please provide a brief overview of the Management System in operation (Management team and responsibilities, degree of management centralization, control and reporting, level of documentation/record keeping and traceability system (paper based/electronic).

**8. Group Application.**

Where this is a Multisite Organisation managed by a single entity (termed a Group Application) please provide further details of the management structure. Degree of Management Centralization, details of the Organizations Quality Management System and how the sites are centrally controlled. Detail of the reporting system used.

*Global Trust will contact you on receipt of the Application and will most likely seek further information to determine eligibility for Group Certification.*

**9. Other Third Party Certification.**

Is existing third party accredited certification held?

If so please provide details.

|  |  |  |  |
| --- | --- | --- | --- |
| **Certification** | **Certification Body** | **Certificate Code** | **Expiry Date** |
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**10. Have you ever had any Third Party Certificate suspended, withdrawn or refused by a Certification Body? (If yes, please give details)**

**11. Timeframe For Audit**

Please give an indication of when your organisation will be ready for audit:

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| **Site Name:** | **Proposed Date:** |
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***Please Note:***

*Applicants who are (purchasing from applicant fisheries) and who wish to avail of the Iceland certified RFM logo, retrospectively for supplies that are purchased from the date of fishery eligibility and prior to the fishery certification decision, first must be audited for Iceland RFM Chain of Custody standard for the product to be eligible for identification as originating from an Iceland RFM certified fishery.*

**DATA PROTECTION POLICY**

This policy outlines what we, SAI Global, intend to do with personal data relating to you. You will be treated as consenting to the processing of any relevant personal data by us as outlined in this policy. This does not affect any of our obligations or your rights under the Data Protection Act.

Personal data relating to you will be processed as follows. We will use the personal data to manage the various schemes administered by us, manage our relationship with you, to promote SAI Global and to provide information to bona fide third parties with an interest in your certification status within the scheme.

We will keep the personal data confidential. We may disclose the personal data as set out below. Where appropriate, we will require anyone to whom the personal data is disclosed to process the personal data only as instructed by us and keep it confidential. The personal data may be disclosed as follows:

* Personal data may be processed by companies owned by or associated with us through agents or contractors for the purpose of carrying out functions on our behalf or in connection with applications in relation to, and participation in, the various schemes administered by us or on our behalf.
* Information relevant to your certification status within the scheme.
* Disclosures may be made to anyone as necessary for the purpose of the prevention or detection of fraud.
* Other disclosures may be made at your written request or with your prior written consent.

**UNDERTAKING, COMMITMENT AND SIGNATURE**

We confirm that the information provided on this form and any supporting documents are true and complete in all respects and note that any false or misleading statements on this application may result in withdrawal of certification.

We have read, understood and accept the current SAI Global [Terms and Conditions](https://www.saiglobal.com/en-au/accredited_assessment_services_terms_and_conditions_-_ireland/) and any future issues or revisions.

We agree at all times to comply with the requirements of the Scheme / Standard / Terms and Conditions. Failure to comply will result in withdrawal of Certification and all entitlements.

We accept that the auditor may be accompanied by other personnel for training, assessment or calibration purposes. This activity may include the training of new auditors by SAI Global and/or routine SAI Global shadow audit programmes.

We agree to provide site access during normal working hours to authorised auditors of SAI Global for the purpose of carrying out inspections of product and premises in order to establish compliance to the Standard. We understand that we may be audited at any reasonable time and we agree to co-operate fully with the SAI Global auditors.

We understand that SAI Global may undertake a credit check prior to opening an account.

By making this application we understand we are consenting to the processing by SAI Global of data according to the policy as outlined on this form and the subsequent transmission of certification status details including an electronic copy of the certificate (where one is issued) and / or the audit report to the Standard Owner.

We agree to report to SAI Global any past or future conviction for any offence in connection with food production: product recalls, product withdrawals, and any incidences, changes to company ownership and structure that impact on conformity to the requirements of the Standard.

**Signed:**

**Position:**

**Date:**

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| --- |
| **FOR OFFICE USE ONLY** |
| **Question** | **Comment** |
| Are all mandatory fields in the application completed and is information clear? *(If not please contact client and request required details to confirm scope and record comments adjacent)* |       |
| What is the required scope of certification? |       |
| Is required auditor competency available? |       |
| Is adequate resource available? |       |
| Audit Duration (hrs): |       |
| Was an audit duration calculation required?*(If yes please reference documented calculation adjacent and retain with application)* |       |
| Reviewed by: *(Print Name and Position)* |       |
| Date: |       |