



1. DETAIL OF ORGANIZATION

Name	(indicate exactly how the name of the Organization is to appear on the Certificate)		
Address			
Company Registration No			
Tel No		Fax No	
Website		Email	
Contact Person		Designation	
Tel No		HP No	
Fax No		Email	

2. DETAIL OF PREMISES/SITES

Name	(indicate exactly how the name of the Organization is to appear on the Certificate)		
Address			
Company Registration No			
Tel No		Fax No	
Website		Email	
Person-in-Charge		Designation	
Tel No		H/P No	
Fax No		Email	

3. OTHER INFORMATION ON PREMISES

Geo – Coordinate (Office)			
Date of Establishment			
MPOB Licence No			
Land Ownership			
Legal Entity (click where applicable)	<input type="checkbox"/> Government Agency <input type="checkbox"/> Holding Company	<input type="checkbox"/> Cooperative <input type="checkbox"/> Private (Sdn Bhd/Enterprise) <input type="checkbox"/> Others	

4. TYPE OF PREMISES
 (Please click on the type of premises)

<input type="checkbox"/>	Independent Smallholders	<input type="checkbox"/>	Organized Smallholders
<input type="checkbox"/>	Oil Palm Estates	<input type="checkbox"/>	Palm Oil Mills
<input type="checkbox"/>	Palm Kernel Crushers	<input type="checkbox"/>	Palm Oil Refineries

5. TYPE OF CERTIFICATION
 (Please click on the type of premises)

<input type="checkbox"/> Individual



**MS 2530:2013 MALAYSIAN SUSTAINABLE PALM OIL
APPLICATION FORM**

<input type="checkbox"/> Group	<input type="checkbox"/> Without Mill (complete 8.1)	<input type="checkbox"/> With Mill (complete 8.2)
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6. CURRENT CERTIFICATION
(Please click the certification you are currently certified. If Yes, please attach copy of certificate)

<input type="checkbox"/>	ISO 9001	<input type="checkbox"/>	HACCP	<input type="checkbox"/>	GMP PLUS	<input type="checkbox"/>	HALAL
<input type="checkbox"/>	ISO 22001	<input type="checkbox"/>	RSPO	<input type="checkbox"/>	ISCC	<input type="checkbox"/>	KOSHER
<input type="checkbox"/>	GMP PLUS	<input type="checkbox"/>	OHSAS 18001	<input type="checkbox"/>	EMS 14001	<input type="checkbox"/>	OTHER.....

7. SOURCES OF FRESH FRUIT BUNCHES

Area all FFB sourced from directly managed land/estates
 YES NO
 If no, how much are sourced from smallholders and /or out-growers? _____%

8.1 GROUP CERTIFICATION (Without Mill)

Is there mixed farming (i.e. Oil Palm is grown together with other crops on the same piece of land or property)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an organization structure of Group manager and the Smallholder? (i.e. Unit of Certification)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is it a contiguous with the oil palm planting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please state the number of Group members:		
Does the unit of certification include all managed land (or estate) of group members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all the group members have contracts or agreements with the Group Manager to comply with the relevant Standard for Sustainable palm Oil Production and the Standard for group certification; and permits assessments by both the Group Manager and an accredited certification body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information on Group Members:		
Are the group members geographically and socio economically different?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the members have diverse sizes of plantation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there Current replanting or expansion of activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been new members to the group since it was established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please state name & details of new members		

8.2 GROUP CERTIFICATION (With Mill)

Is there mixed farming (i.e. Oil Palm is grown together with other crops on the same piece of land or property)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an organization structure of Group manager and the Smallholder? (i.e. Unit of Certification)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is it a contiguous with the oil palm planting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please state the number of Group members:		
Does the unit of certification include all managed land (or estate) of group members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all the group members have contracts or agreements with the Group Manager to comply with the relevant Standard for Sustainable palm Oil Production and the Standard for group certification; and permits assessments by both the Group Manager and an accredited certification body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Information on Group Members:		
Are the group members geographically and socio economically different?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the members have diverse sizes of plantation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there Current replanting or expansion of activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been new members to the group since it was established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes please state name & details of new members	
Is there a periodic internal assessment conducted by Group manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a history (repeated) of non- conformities related to a Group member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9 OTHER INFORMATION			
Target date for Stage 1 Audit		Target date for Stage 2 Audit	
Do you currently hold any management system (EMS, OHSMS)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please name the certification body:			

10 DECLARATION			
We hereby declare that the details furnished above are true and correct to the best of the Company's knowledge and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we aware that we may be held liable for it.			
NAME:		SIGNATURE:	
DESIGNATION		TEL NO:	
FAX NO:		Email:	

11 FOR OFFICIAL USE			
DATE RECEIVED		ACTION BY	
DATE OF REPLY		ACTION BY	

Kindly submit your Application by Email or post to:

**ATTN:
MANAGING DIRECTOR
BQAS Certification (M) Sdn Bhd
Sublot 6, 2nd Floor, Block A, King Center, Simpang Tiga, 93350 Kuching, Sarawak.
Attn: Wilfred S Landong**

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