



1.0. DETAILS OF ORGANIZATION

Company Name			
Main Office Address			
Co Registration No		Website	
Contact Person		Designation	
Tel No		Mobile	
Fax No		Email	

2.0. DETAILS OF PREMISE/SITES

Company Name			
Site Address			
Co Registration No		Website	
Person in Charge		Designation	
Tel No		Mobile	
Fax No		Email	
Establishment Date		Geo-Coordinate	
MPOB License No		Expiry Date	
Total Certified Area		Total Planted Area	
Land Ownership	<input type="checkbox"/> Own Land	<input type="checkbox"/> Rented	<input type="checkbox"/> Joint Venture
Type of Entity	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Others	<input type="checkbox"/> Private (Sdn Bhd/Enterprise)
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
Note:	Please attach copy of MPOB License with application		

3.0. TYPE OF CERTIFICATION

<input type="checkbox"/> Initial Certification	<input type="checkbox"/> Surveillance Certification
<input type="checkbox"/> Individual	<input type="checkbox"/> Group of Estates [complete 6.0]
<input type="checkbox"/> Group of Estates & Mills [complete 7.0]	

4.0. CURRENT CERTIFICATION

Note: Please click the certification you are currently certified. If Yes, please attach copy of certificate

<input type="checkbox"/> MSPO MS2530-3:2013	<input type="checkbox"/> MSPO MS2530-4:2013	<input type="checkbox"/> MSPO SCCS	
<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"/> ISCC	<input type="checkbox"/> RSPO	<input type="checkbox"/> KOSHER
<input type="checkbox"/> OHSAS 18001	<input type="checkbox"/> EMS 14001	<input type="checkbox"/> OTHERS	<input type="checkbox"/>

5.0. SOURCES OF FFB [FRESH FRUIT BUNCHES]

Are all FFB sourced from directly managed land/estates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, how much are sourced from smallholders and /or out-growers?%	

6.0. GROUP CERTIFICATION : ESTATES only		
A. 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
B. Is there an organization structure of Group manager and the Smallholder? (i.e. Unit of Certification)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. If yes, is it a contiguous with the oil palm planting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Please state the number of Group members		
E. Does the unit of certification include all managed land (or estate) of group members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. 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:		
A. Are the group members geographically and socio economically different?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do the members have diverse sizes of plantation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Are there Current replanting or expansion of activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. 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		

7.0. GROUP CERTIFICATION : ESTATES & MILLS		
A. 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
B. Is there an organization structure of Group manager and the Smallholder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. (i.e. Unit of Certification)		
D. If yes, is it a contiguous with the oil palm planting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Please state the number of Group members:		
F. Does the unit of certification include all managed land (or estate) of group members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. 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:		
A. Are the group members geographically and socio economically different?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Do the members have diverse sizes of plantation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



MS 2530:2013 MALAYSIAN SUSTAINABLE PALM OIL MSPO CERTIFICATION APPLICATION FORM

C. Are there current replanting or expansion of activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Have there been new members to the group since it was established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. If yes please state name & details of new members		
F. Is there a periodic internal assessment conducted by Group manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Is there a history (repeated) of non- conformities related to a Group member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8.0. OTHER INFORMATION		
Target date for Stage 1 Audit	Target date for Stage 2 Audit	Target date Surveillance Audit
Date:	Date:	Date:
Do you currently hold any management system : EMS, OHSMS?		<input type="checkbox"/> Yes <input type="checkbox"/> No

9.0. DECLARATION			
<ul style="list-style-type: none">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	
Mobile		Email	

10.0. FOR OFFICIAL USE			
Date received		Received by	
Date of reply		Action by	

Kindly submit your application by email or post to:

Dr Alexender Kiew Sayok

Managing Director

BQAS Certification (M) Sdn Bhd

Sublot 6, 2nd Floor, Block A, King Center, Simpang Tiga, 93350 Kuching, Sarawak.

Office Tel: +6 082-572 043

Email: bqascertification@gmail.com

Mobile: +6 0198280614

+6 012 8923412

Website: www.bqas.com.my