

The undersigned _____
 Born in _____ Prov. _____ (date) _____
 Fiscal code/Id _____
 Legal representative of the company _____
 With its legal office in _____ address no. _____
 City _____ Country _____
 Company VAT code _____
 Phone _____ Fax _____ Mobile _____
 Web _____ Mail _____

Company UTZ membership number:

(without the UTZ Member Number it is not possible, for ICEA, to undergo with the UTZ certification).

Requests the following UTZ certification level, pursuant to “UTZ Chain of Custody Standard, ver. 1.1 Dec 2015”, as amended:

- Identity Preservation**
- Segregation**
- Mass Balance**

As regards the following activities (certification scope, ref. UTZ member registration):

And the following products:

<i>N° (1)</i>	<i>Denomination</i>
1	
2	
3	
4	
5	

The operator declares to use for his processing activities, also the following structures, as described in the table below

N°	Full address of the structures used (both, own structures and subcontractors)	Processing line (or for what is the structure used)	Are the structures subcontractors? (Yes/No)	Name of the subcontractor
1				
2				
3				
4				

Additionally, the operator declares

- to have been informed about the Standards concerned the services required and commit myself to comply with the ICEA Certification Rules in force
- to accept the ICEA's price list for the services required.

Other certifications (es. ISO 9000, ISO 22000, SA 8000, BRC, IFS, RSPO, Organic, etc.):

Type	Certification Body	From (date)	to

Languages to be preferable used during the audit (note that all related forms will be issued in English, the official UTZ language):

Date _____

Signature of the Operator _____

Document to be attached

	DOCUMENTS TO BE SENT BEFORE AUDIT	ICEA CHECK (yes/no, approval, notes)
<input type="checkbox"/>	ICEA contract	
<input type="checkbox"/>	ICEA fees	
<input type="checkbox"/>	Company UTZ procedure and related attachments	
<input type="checkbox"/>	Products recipes (with specific reference to the UTZ raw material percentage)	
<input type="checkbox"/>	Sanitary Authorization	
<input type="checkbox"/>	Self Evaluation Checklist	
<input type="checkbox"/>	Preparation Units maps (in case of SG/IP)	
<input type="checkbox"/>	UTZ membership registration	
<input type="checkbox"/>	Other	