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|  | **NATIONAL ORGANIC CONTROL UNIT (NOCU)****SRI LANKA EXPORT DEVELOPMENT BOARD** **REGISTRATION OF GROWERS & FARMER ASSOCIATIONS OF ORGANIC AGRICULTURE PRODUCTS** |  |

1. **Name of the Grower:**

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1. **Address:**

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1. **Name of the Contact Person & Designation:**

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1. **Contact Details:**

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| **Tel:** | **Fax:** | **E-mail:** | **Web-site:** |
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1. **If you are an individual farmer, please give the following details:**
	1. Location of Farm, Please give the address

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* 1. GA Division:

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* 1. Types of Organic products cultivated

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* 1. Area under cultivation (for each crop)

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* 1. Annual Supply Capacity of each product:

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* 1. Do you manufacture conventional products with the Organic products? Yes/No

* 1. If yes, how do you ensure that Organic products are not affected through your mix cultivation?

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* 1. Do you have a certificate? Yes/No
	2. If yes, indicate the certifying organization (Please attach the copy of certificate);

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* 1. If no certification, how do you ensure that the products are Organic (please specify)

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* 1. How do you market the products? Provide a list of companies that you supply products?

(Use separate sheet if space is not sufficient)

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1. **Farmer Association**

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* 1. Name of the Farmer Association

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* 1. Address
	2. Total number of growers (Please attach the list of growers)

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* 1. Details of growers (Use separate sheet is space is not sufficient)

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| **Name & Contact Details** | **Location**1. **District**
2. **AG Division**
3. **Address**
 | **Product & Area under Organic Cultivation** | **Annual Production Capacity** |
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* 1. Details of Organic products

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* 1. Do you have a multi-site certification for Organic products? Yes/No

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* 1. If yes, indicate the names of the certifying organization

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* 1. Scope of Certification/Validity period (Please attach the copy of certificate)

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* 1. If there is no certification, how do you ensure the products you obtain from

 farmers are Organic?

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* 1. How do you market the product?
	2. Provide a list of companies that you supply products

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1. **Remarks**

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Name: Signature:

Designation: Date: