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|  | **NATIONAL ORGANIC CONTROL UNIT (NOCU)****SRI LANKA EXPORT DEVELOPMENT BOARD****REGISTRATION OF IMPORTERS OF ORGANIC AGRICULTURE PRODUCTS** |  |

1. **Name of the Company:**

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1. **Address:**

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| --- | --- |
| **Business Address** | **Address of the Processing Plant/s:** |
|  |  |

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

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1. **Contact Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tel:** | **Fax:** | **E-mail:** | **Web-site:** |
|  |  |  |  |

1. **Year of Establishment:**
2. **Legal Status:**
3. Business Registration No:
4. Type of Registration:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Proprietor**  |  | **Partnership** |  | **Public Quoted** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **State-Owned** |  | **Private Limited** |  | **Other** |

1. **Names of Company Directors/Owners:**

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1. **Details of Organic Products Imported to Sri Lanka:**

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| --- | --- | --- |
| **Product** | **Importing Country** | **Details of Organic Certification****(a) Name & Address of the Certifying Organization****(b) Scope of Certification****(c) Validity Period** |
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1. **Details of Imports for last 03 years:**

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| --- | --- | --- | --- | --- |
| **Year** | **Product/s** | **Country** | **Quantity** | **Value/ Rs. Mn** |
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1. **Purpose of Imports:**

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| --- | --- | --- | --- | --- | --- |
|  | **Re-export without value addition**  |  | **Re-export with value addition**  |  | **Distribute in the local market** |

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**Other, Please specify** |

1. **Type of Value Addition done in Sri Lanka (if any):**

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1. **In the case of Re-export, please provide following information:**

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| --- | --- | --- | --- | --- |
| **Year** | **Product/s** | **Export Market/s** | **Quantity** | **Value /Rs. Mn** |
| 2017 |  |  |  |  |
|  |  |  |  |  |
| 2016 |  |  |  |  |
|  |  |  |  |  |
| 2015 |  |  |  |  |
|  |  |  |  |  |

1. Do you require submitting a certificate to the receiving party? Yes/No
2. If yes, indicate the following;

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|  |

1. Name of the Certification Body
2. Scope of Certification (Please attach the copy of certificate)

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1. Period of Validity

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1. **Products are sold in the local market :**

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| --- | --- | --- |
| **Product** | **Names of Retail shops in Sri Lanka** | **Annual Sales in year 2016 /Rs. Mn** |
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1. **Do local market purchasing organizations request a certificate: Yes/No**
2. If yes, indicate the following;

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1. Name & Address of the Certification Body
2. Scope of Certification (Please attach the copy of certificate)

|  |
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|  |

1. Period of validity

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1. **Remarks**

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|  |

Name: Signature:

Designation: Date: