

**APPLICATION FOR RECOMMENDATION FOR PGI CERTIFICATE**

1. **Name of the Person/ company (In block letters) 1.1 membership Number**

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1. **Contact Details**

2.1 Office Address;

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2.2 Factory Address;

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2.3 Plantation Address

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2.4 Telephone No:-

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2.5Website

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2.6 Contact Person and Designation:-

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2.7 E mail:- (Contact Person)

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2.8 Mobile No:- (Contact Person)

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1. **Details of Business Registration**
   1. **** Type of Business

Nursery owners **Farmer** Producers

****

Collectors

****

Processors Traders

****

Manufacturer & Exporter Merchant & Exporter

* 1. Legal Status

□ Proprietorship □ Public Quoted Company □ Partnership

□ State Owned □ Private Ltd Company □ Other (Specify)

* 1. Business Registration No

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3.4.Date of Registration

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1. **Name of product (s) / for which GI registration is sought**

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| --- | --- | --- | --- |
| **Product/s Name** | **Annual Production Capacity** | **Annual Production for current year** | **Current Direct/indirect export Capacity** |
| Cinnamon Cut |  |  |  |
| Cinnamon Powder |  |  |  |
| Cinnamon leaf oil |  |  |  |
| Cinnamon bark oil |  |  |  |

1. **Quality certifications acquired by the company** (GAP, GMP, HACCP or ISO 22000 Kindly annex the copies of relevant certificates)
2. …………………………………………………………………
3. …………………………………………………………………
4. …………………………………………………………………
5. …………………………………………………………………

**6. Source of Raw/ Processed materials for products mentioned above**

* Own cinnamon lands & processing plants
* Processing raw materials purchased through suppliers
* Purchasing from a processing plant
* Other (Please specify) Please specify;

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**7. Details of suppliers of raw materials (for products sought to obtain PGI certificate)**

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| --- | --- | --- |
| **Supplier Name & Address** | **Product/s** | **Volume (Monthly)** |
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1. **Details of compliance to control plan**

8.1 Self-Control Yes/No

8.2 Certification of Internal Control

Certified by

Herby certify that the foresaid information furnished by ……… (Membership number……) and comply with control plan

Signature : ………………………….. Date : ……………………...

and stamp

**Certification of Competent Authority (Department of Export Agriculture)**

Certified by

Name and Signature Date

Herby recommended and certify that the above member is eligible to use PGI certificate from EDB for GI Ceylon Cinnamon products.

Signature & Stamp: ………………………….. Date : ……………………...

**Officer Use Only (EDB)**

Recommended to issue the PGI logo for the above applicant

**Signed by**