**APPLICATION FORM FOR THE ASSESSMENT OF ACCESSORIES ACCORDING TO GOTS STANDARD Version 6.0**

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| **1.0 Operator/Client Details** | | | |
| **Operator/Client Name:** |  | | |
| **Legal Address of Operator:** |  | | |
| **Phone/Mobile:** |  | | |
| **Fax:** |  | | |
| **Web Site:** |  | | |
| **Operator /Client Legal Representative Name:** |  | **Contact Person :** |  |
| **E-mail:** |  | **Designation:** |  |
| **Phone:** |  | **E-mail:** |  |
| **Mobile:** |  | **Phone:** |  |
| **Operator/Client VAT Number:** |  | **Mobile:** |  |
| **Consultant Name if any:** |  | **No of Workers** |  |

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| **2.0 Further Details for Only Operator:** |
| **2.1- Please mention the type of accessory** |
| Applique, Borders,  edgings,  pockets, cords, adhesive tapes for fusing, hatbands, inlays,  interface, seam binding,  Metals ( Buckles, Press studs, snaps, rivets, zippers, etc)  Yarns (sewing, embroidery, etc)  Labels ( heat-transfer, woven, printed)  Buttons  Laces,  Pads (Shoulder, undergarments )  trims,  Linings  Natural Latex Foam  Filling and Stuffing  Supports and Frames  Non-slip floor covering  Other: |
| **2.2 Any other Quality Certification/ Initiative credentials** |
| OEKO-TEX® STANDARD 100  If yes,  Class-1  Class-2  Class-3  Class-4  Appendix 4 & 5  Appendix 6 &7  **Any other equivalent standards**  NOTE 1: If you are certified against any such standard(s) which are mentioned above, please submit all the valid certificates along with the test report. |
| 2.3 Brief description of process involved like dyeing, printing, finishing, etc if any. |
| * Class of Dyes used----------- * Style of print -------- * Finish Details ----------- * Any other process details------------- |
| **2.4 Composition of the accessory** |
| Natural Fiber  Wood  Leather  Horn Bone  Shell  Minerals  Metals  Stone  Polyester Other: |
| **2.5- Has your approval or certificate been suspended/withdrawn before:**  Yes  No  If Yes, please state the details  Note: This question refers standards/ Initiatives mentioned in 2.2 in addition to GOTS standard. |
| Details: |
| **2.6- Whether another Certification Body has denied GOTS letter of approval.**  Yes  No  If Yes please state the reason |
| Reason: |
| **2.7 GOTS requirements for the applied accessories are understood by us and the applied accessories are compliant to GOTS standard as per our knowledge** |
| Yes  No |
| **2.8 In case of Latex Foam, is it verified /certified as per the below standards?** |
| GOLS-Global Organic Latex Standard  FSC-Forest Stewardship Council  PEFC –Programme for the Endorsement of Forest Certification Schemes  Any other Standards |
| **2.9 Agree to inform GCL about any relevant changes as mentioned below related to applied or already approved accessories, such as: Yes**  **No** |
| change in supplier or raw materials used,  change of production method / technology used or both,  Any other information which might affect the GOTS Approval criteria. |
| **2.10-** **Have you been contracted, audited or approved as per GOTS standard within the preceding 2 years?** |
| Yes  No  If yes, please send the previous test report |
| **2.11 Willingness to Listing in GCL Database** |
| The company name, approved trade name of accessory and its utilisation can be listed in GCL Webpage.  I agree I do not agree |

**SUBMISSION**

**After completing the Application Form, please submit it directly GCL head office or to your nearest local GCL Office: To check the nearest GCL Office in your area, please go to** [**www.gcl-intl.com**](http://www.gcl-intl.com)

PCAF03 Ver:2, 01/09/2022

We hereby request the assessment by GCL International Limited of the following accessories to verify compliance with the accessories requirements of the Global Organic Textile Standard:

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| **Sr. No.** | **Trade Name of accessory** | **Type /Utilisation of accessory** | **Composition of accessory** | **Remarks if any** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

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| No. of new products added |  |
| No. of Old products available |  |
| Total No. of products |  |

Undersigned declares that all the given details are correct and true.

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| **Applicant Operator** |
| **DATE & SIGNATURE**  **(Authorized representative of the Applicant)**  **Date: / /**  **Note: Signature to be done by Director/Proprietor or authorised person. If signed by authorised/legal representative, authorisation letter shall be submitted** |

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| **GCL USE ONLY** | |
| **Date: / /** | **SIGNATURE**  **(GCL Application and Contract Reviewer)** |