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| --- |
| **COMPANY INFO**RM**ATION** |
| COMPANY NAME  |       |
| DISTINCTIVE TITLE  |       |
| ADDRESS  |       |
| ZIP - CITY |       | phone |       | at_symbol |       |
| TELEFAX |       | URL |       | VAT Nr. |       |
| SITE WHERE THE AUDIT WILL TAKE PLACE:  |       |
| OTHER FACILITIES / SUBSIDIARIES / TEMPORARY SITES: |       |
| DO YOU WISH THOSE SITES TO BE AUDITED AS WELL?  | [ ]  YES  | [ ]  NO |
| COMPANY REPRESENTATIVE:  |       |
| MANAGEMENT SYSTEM REPRESENTATIVE: |       | phone |       | at_symbol |       |
| CONSULTANT |       | phone |       | at_symbol |       |
| SCOPE OF ACTIVITY: |       |
| CRITICAL PROCESSES, PROCESSES CARRIED OUT BY SUBCONTRACTORS AND THEIR INTERACTION: |
|       |
| LEGISLATION RELATIVE TO THE PRODUCTS OR THE SERVICES OF THE COMPANY |
|       |
| PERMANENT PERSONNEL |       | TEMPORARY PERSONNEL |       |
| NUMBER OF PERSONEL ON SHIFTS |       | Nr. OF SHIFTS (if any)  |       |
| EXISTANCE OF OTHER CERTIFIED MANAGEMENT SYSTEM(Please fill in relevant Annex in case of transfer request)  | [ ]  YES  | [ ]  NO |
| OPERATION LICENSE / ENVIRONMENTAL LICENSE / CORPORATION CHARTER *(please attach)* |
| **INFORMATION FOR THE CERTIFICATION**  |
| Choose | Choose | Choose | Choose | Choose |       |
| \*Please fill in the relevant Application Annex  |
| DO YOU WISH A PRE-ASSESMENT AUDIT TO TAKE PLACE? |  [ ]  YES  | [ ]  NO |
| DESIRABLE AUDIT DATE (MONTH / DATE)  |       | AUDIT TYPE: |       |
| OTHER INFORMATION – REMARKS: |       |
| I hereby declare that the company has in place all the necessary legislative documentation relating to its operations |
|      DATE | Shape  Description automatically generated with low confidenceSIGNATURE AND STAMP |
| Please fill in the application form and FAX it to +30 210 5203990 or email it to certification@tuv.at  |
| Date | APPLICATION REVIEW *(to be filled in by the Certification Body)* | Signature |

INFORMATION ABOUT PERSONAL DATA

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3. TÜV AUSTRIA HELLAS, taking all appropriate technical and organizational measures, shall not transmit them to any third party (natural or legal person), except where provided by the law and retains them for as long as the transaction in question lasts and for as long as there is a legal obligation to maintain them by the Company, unless an extension of this time is required due to legal claims.

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  I would like to be informed about the new services offered by the Company

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| **1. DECLARATIONS** |
| By submitting this application form to TÜV AUSTRIA HELLAS, I confirm that: 1. I have read and agree to abide by all the TÜV AUSTRIA HELLAS terms and conditions (QRC\_MSPD\_001\_CERTIFICATION\_REGULATION\_TAH, QRc\_FSMS\_301\_IFS\_CERTIFICATION\_REGULATION)
2. I confirm that I have read the current versions of the two normative documents (IFS Food Standard and the IFS Food Doctrine).
 |
| **BLACKOUT PERIOD** | DATE | REASON FOR BLACKOUT |
|       |       |
|       |       |
| **AUDIT LANGUAGE**  | GREEK [ ]  ENGLISH [ ]   | OTHER (*Specify*)       |
| **AUDIT TYPE** | [ ]  ANNOUNCED  | [ ]  UNANNOUNCED  |
| **DETAILS OF CONTACT PERSON FOR UNANNOUNCED AUDITS:** |
| NAME |       |
| phone |       | at_symbol |       |
| SITE COORDINATES: | LATITUDE |       | GLN Number  |       |
| LONGTITUDE |       |
| EXISTENCE OF DECENTRALIZED STRUCTURES: | [ ]  YES  | [ ]  NO |
| DECENTRALIZED STRUCTURE COORDINATES (Only if applicable): | LATITUDE |       |
| LONGTITUDE |       |
| **2. FOR EXISTING IFS CERTIFICATES FILL IN THE FOLLOWING (Do not fill if not applicable)** |
| COID |       |
| CERTIFIED STANDARD: |       |
| CERTIFICATE VALIDITY: |       |
| NEXT AUDIT TO BE PERFORMED WITHIN THE TIME PERIOD |       |
| INITIAL CERTIFICATION DATE |       |
| DATE OF INITIAL AUDIT: |       |
| DATE OF LAST AUDIT: |       |
| SN | PRODUCTION SITE (NAME AND ADDRESS) | COVERED AREA (M2) | CONSTRUCTION YEAR | PRODUCT/ PROCESS TO BE CERTIFIED | PRODUCTION LINE NUMBER | EMPLOYEES NUMBER |
| 1 |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |
| LAST INVESTMENTS (please describe) |       |
| **3. IFS SCOPE DETAILS (please describe)** |
| Please indicate products and/or related processes realized in decentralized structures, if applicable |
| PRODUCT(S): |       |
| PACKAGING METHOD (PLASTIC, GLASS ETC.) |       |
| MAIN PROCESSES: |       |
| DEFINE TRADED PRODUCTS (IF APPLICABLE): |       |
| EXCLUSIONS OF SCOPE |       |
| OUTSOURCED PRODUCTS OR PROCESSES |       |
| PARTLY OUTSOURCED PRODUCTS OR PROCESSES  |       |
| EXPORTED PRODUCTS / DESTINATION COUNTRIES  |       |
| ARE THERE SEASONAL PRODUCTS? | YES **[ ]**  | NO **[ ]**  |
| IF YES, WHAT PERIOD? |       |
| **4. GFSI CERTIFICATION INFORMATION** |
| GFSI CERTIFICATES (OTHER THAN IFS) |       |
| CERTIFICATION SCOPE  |       |
| LAST UNANNOUNCED ASSESSMENT |       |
| CERTIFICATE HAS BEEN SUSPENDED/WITHDRAWN IN THE PAST |       |
| **5. CONTACT DETAILS** |
| TECHNICAL REPRESENTATIVE (NAME) |       | at_symbol |       |
| COMMERCIAL REPRESENTATIVE (NAME) |       | at_symbol |       |
| **6. PRODUCT and TECHNOLOGY SCOPE SELECTION** |
| **6.1 PRODUCT CATEGORY CHART** |
| **CAT.** | **CATEGORY DESCRIPTION** | **Choose category** | **Give Short Description of Products Produced** |
| 1 | RED AND WHITE MEAT, POULTRY AND MEAT PRODUCTS | **[ ]**  |       |
| 2 | FISH AND FISH PRODUCTS | **[ ]**  |       |
| 3 | EGG AND EGG PRODUCTS | **[ ]**  |       |
| 4 | DAIRY PRODUCTS | **[ ]**  |       |
| 5 | FRUIT AND VEGETABLES | **[ ]**  |       |
| 6 | GRAIN PRODUCTS, CEREALS, INDUSTRIAL BAKERY AND PASTRY, CONFECTIONARY, SNACKS | **[ ]**  |       |
| 7 | COMBINED PRODUCTS (E.G READY TO EAT, PIZZA’S ETC) | **[ ]**  |       |
| 8 | BEVERAGES | **[ ]**  |       |
| 9 | OILS AND FATS | **[ ]**  |       |
| 10 | DRY GOODS, FOOD ADDITIVES AND SUPPLEMENTS | **[ ]**  |       |
| 11 | PET FOOD | **[ ]**  |       |
| **6.2 TECHNOLOGY SCOPE CHART** |
| **TECH SCOPE** | **PROCESSING STEP** | **CATEGORY DESCRIPTION** | **Choose category** | **Give Short Description Of Process Steps** |
| A | P1 | STERILISATION (E.G. CANS) | **[ ]**  |       |
| B | P2 | THERMAL PASTEURISATION, UHT / ASEPTIC FILLING; HOT FILLING; OTHER PASTEURISATION TECHNIQUES E.G. HIGH PRESSURE PASTEURISATION, MICROWAVE | **[ ]**  |       |
| C | P3 | IRRADIATION OF FOOD | **[ ]**  |       |
| C | P4 | PRESERVING: SALTING, SUGARING, ACIDIFYING/PICKLING, CURING, SMOKING, ETC. FERMENTATION /ACIDIFICATION | **[ ]**  |       |
| C | P5 | EVAPORATION/DEHYDRATION, VACUUM FILTRATION, FREEZE DRYING, MICROFILTRATION (LESS THAN 10Μ MESH SIZE) | **[ ]**  |       |
| D | P6 | FREEZING (AT LEAST –- 18°C) INCLUDING STORAGE QUICK FREEZING, COOLING, CHILLING PROCESSES AND RESPECTIVE COOL STORING | **[ ]**  |       |
| D | P7 | ANTIMICROBIAL DIPPING/ SPRAYING, FUMIGATION | **[ ]**  |       |
| E | P8 | PACKING MAP, PACKING UNDER VACUUM | **[ ]**  |       |
| E | P9 | PROCESSES TO PREVENT PRODUCT CONTAMINATION ESP. MICROBIOLOGICAL CONTAMINATION, BY MEANS OF HIGH HYGIENE CONTROL AND/OR SPECIFIC INFRASTRUCTURE DURING HANDLING, TREATMENT AND / OR PROCESSING E.G. CLEAN ROOM TECHNOLOGY, „WHITE ROOM“, POSITIVE AIR PRESSURE SYSTEMS (E.G. FILTRATION BELOW 10Μ, DISINFECTION AFTER CLEANING) | **[ ]**  |       |
| E | P10 | SPECIFIC SEPARATION TECHNIQUES: E.G. FILTRATION LIKE REVERSE OSMOSES, USE OF ACTIVE CHARCOAL | **[ ]**  |       |
| F | P11 | COOKING, BAKING, BOTTLING, BREWING, FERMENTATION (E.G. WINE), DRYING, FRYING, ROASTING, EXTRUSION | **[ ]**  |       |
| F | P12 | COATING, BREADING, BATTERING, CUTTING, SLICING, DICING, DISMEMBERING, MIXING/ BLENDING, SLAUGHTERING, SORTING; MANIPULATION STORING UNDER CONTROLLED CONDITIONS (ATMOSPHERE) EXCEPT TEMPERATURE | **[ ]**  |       |
| F | P13 | DISTILLATION, PURIFICATION, STEAMING, DAMPING, HYDROGENATING, MILLING | **[ ]**  |       |

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