**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-------------

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| **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| **2.5- Has your approval or certificate been suspended/withdrawn before:** [ ]  Yes [ ]  NoIf Yes, please state the detailsNote: This question refers standards/ Initiatives mentioned in 2.2 in addition to GOTS standard.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 [ ]  NoIf 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 [ ]  NoIf 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)** |