



**GFSI** BENCHMARKING REQUIREMENTS [VERSION 2024]

# APPLICATION FORM

## GFSI BENCHMARKING PROCESS APPLICATION FORM

For Certification Programme Owners to Apply for Benchmarking against the

# GFSI Benchmarking Requirements [Version 2024]

The submission of this application form is only provisional. Formal application will only be deemed to be made (i) when the GFSI Senior Technical Manager will inform the Certification Programme Owner that its application has been accepted; and (ii) upon signature between the Certification Programme Owner and the Consumer Good Forum (“**CGF**” together with the GFSI, the “**GFSI**”) of the GFSI & Certification Programme Owner Benchmarking Agreement, which will automatically include and form an indivisible whole with the application form, as duly and accurately completed by the Certification Programme Owner. All applications submitted by the Certification Programme Owner on the basis of this application form are subject to the full set of GFSI Benchmarking Requirements version [2024] incorporated by reference into this application form, including any subsequent sub-version of the document) adopted from time to time by GFSI and made available to the Certification Programme Owner for the purpose of the completion of the present application form (the “**GFSI Benchmarking Requirements**”). Upon the signature of the GFSI & Certification Programme Owner Benchmarking Agreement and with the exception of the entry fee referred to in section III paragraph (d) below, which shall be paid by the Certification Programme Owner when submitting this application, the Certification Programme Owner shall pay the fees. Please contact GFSI team for further detail on the fee structure.

The Certification Programme Owner acknowledges and agrees that (i) the accuracy, completeness and respect of the representations, warranties and supporting documentation provided by the Certification Programme Owner under the present application form are essential conditions for the proper achievement of the assessment and comparison of the Certification Programme (as defined under Part IV of the GFSI Benchmarking Requirements and hereby submitted) carried out in accordance with the process detailed under Part I of the GFSI Benchmarking Requirements, and including, without being limited to, the eight procedural steps which are described therein (i.e., Application, Desktop Review, Office Visit, Corrective action plan, Public stakeholder consultation, Completion of corrective actions, GFSI Steering Committee final decisions and communications, and Monitoring of continuous alignment) (the “**GFSI Benchmarking Process**”); and (ii) it shall be held liable for any breach of these representations and warranties, including under the GFSI & Certification Programme Owner Benchmarking Agreement entered into as a result of the approval of this application form, as the case may be.

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## Section I: Identification of the applicant and scope(s) of recognition

REQUIRED INFORMATION	GUIDELINES	APPLICANT'S ANSWER
<b>1. Name of Certification Programme in scope for this application, i.e. the name used in audit reports or certificates.</b>	<i>Please use the same name that is used on the certificates issued against the Certification Programme by Certification Bodies.</i>	

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**2. GFSI scope(s) of recognition.**

*You can select more than one scope of recognition. The scope of each recognition / benchmarking category is defined in the table 1 set out under the section 2 of Part I of the GFSI Benchmarking Requirements (Scopes of Recognition).*

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>AI</b> Farming of Animals for Meat/ Milk / Eggs/ Honey</li> <li><input type="checkbox"/> <b>AII</b> Farming of Fish and Seafood</li> <li><input type="checkbox"/> <b>BI</b> Farming of Plants (other than grains and pulses)</li> <li><input type="checkbox"/> <b>BII</b> Farming of Grains and Pulses</li> <li><input type="checkbox"/> <b>BIII</b> Pre-process handling of plant products</li> <li><input type="checkbox"/> <b>CO</b> Animal primary Conversion</li> <li><input type="checkbox"/> <b>CI</b> Processing of perishable animal products</li> <li><input type="checkbox"/> <b>CII</b> Processing of perishable plant products</li> <li><input type="checkbox"/> <b>CIII</b> Processing of perishable animal and plant products (mixed products)</li> <li><input type="checkbox"/> <b>CIV</b> Processing of ambient stable ani and plant products (mixed products)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>D</b> Production of feed</li> <li><input type="checkbox"/> <b>E</b> Catering</li> <li><input type="checkbox"/> <b>FI</b> Retail / Wholesale</li> <li><input type="checkbox"/> <b>FII</b> Food Broker / Agent</li> <li><input type="checkbox"/> <b>H</b> Provision of Food Safety Services</li> <li><input type="checkbox"/> <b>G</b> Provision of Storage and Distribution Services</li> <li><input type="checkbox"/> <b>I</b> Production of Food Packaging</li> <li><input type="checkbox"/> <b>JI</b> Hygienic Design of Food Buildings and Processing Equipment (for building constructors and equipment manufacturers)</li> <li><input type="checkbox"/> <b>JII</b> Hygienic Design of Food Buildings and Processing Equipment (for building and equipment users)</li> <li><input type="checkbox"/> <b>K</b> Production of (Bio) chemicals and bio-cultures used as food ingredients or processing aids in food production</li> </ul> |
|---|--|

**3. Registered address of the Certification Programme Owner.**

*Please provide the legal address of the Certification Programme Owner.*

**4. Business address (Headquarters) of the Certification Programme Owner.**

*If different from the address above*

**5. Additional local offices.**

*Please provide the address of all additional office locations.*

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**6. Name and position of the authorised representative.**

*The authorised representative is the person that is duly authorised to act on behalf of the Certification Programme Owner and bind it under this application form.*

**7. Name and position of Certification Programme application liaison / key contact person.**

*This person will be the primary point of contact for GFSI during the assessment of the Certification Programme.*

**8. Address / location of application liaison / key contact person.**

**9. Phone number of application liaison / key contact person.**

**10. E-mail address of application liaison / key contact person**

**11. Please provide a short summary of the Certification Programme's history and objectives.**

*Please enter details such as date of operation, markets, rationale for development, mission, objectives.*

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**12. Total number of valid accredited certificates against the Certification Programme.**

**13. List of countries where those accredited certificates have been issued.**

**14. Date of application.** *Date when the application was sent to CGF GFSI.*

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## Section II: Verification of the eligibility criteria

For avoidance of doubt, any reference made to the eligibility criteria under the present application form shall be understood as the eligibility criteria detailed under the section 1 of the Part I of the GFSI Benchmarking Requirements.

REQUIRED INFORMATION	GUIDELINES	APPLICANT'S ANSWER	GFSI ASSESSMENT
<p><b>1. Name of the legal entity owning the Certification Programme.</b></p>	<p><i>Please note: GFSI does not accept applications of Certification Programmes developed, governed, or owned by a Certification Body or group of Certification Bodies.</i></p>		
<p><b>2. Please provide evidence that the legal entity has a legal status in its jurisdiction and is the owner of the Certification Programme in scope for this application.</b></p>	<p><i>This may include the certificate of incorporation and/or any other official documentation evidencing the valid constitution/incorporation of the legal entity. If the legal entity owning the Certification Programme is different from the Certification Programme, please provide clear evidence of the relation between them.</i></p>		
<p><b>3. Please demonstrate that there is commitment from a minimum of three organisations representing the retail / food service or producing / manufacturing sectors that use, or are going to use the Certification Programme.</b></p>	<p><i>Please provide us with at least three official letters of recommendation / support specific to the Certification Programme covered and submitted through this application form. These letters shall be signed by a person duly authorised within the corresponding organisations, specifying his/her title, dated and written on an official organisation letterhead / email with the organisation's official signature block and logo.</i></p>		

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**4. The Accreditation Body(ies) granting accreditation to the scope of the Certification Programme shall be member(s) of the International Accreditation Forum (IAF) and shall be signatory(ies) to the Multilateral Recognition Arrangement (MLA).**

*Please provide an official letter from each relevant Accreditation Body which must be signed by a person duly authorised within such Accreditation Body, specifying his/her title, dated and written on official Accreditation Body letterhead, and/or a reference to the official website of each relevant Accreditation Body, and/or of the IAF website, or send a copy of the contract or agreement with each relevant Accreditation Body.*

**5. Please provide evidence of contractual relationships preferentially with two Certification Bodies accredited for the scope of the Certification Programme.**

*These may be copies of the contracts signed with the Certification Bodies accredited for the scope of the Certification Programme, and/or reference to the Certification Programme and Certification Bodies' respective websites.*

**6. Please confirm if the Certification Programme is undergoing or about to undergo significant changes. If so, please provide details of those changes.**

*Please include details on the nature, scope and expected impacts in practice, whether positive or negative.*



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**7. Please provide evidence that the Certification Programme does not have any practices in place that are deemed to restrict access to markets.**

*Example of clause considered as restricting access would include any instruction from the Certification Programme Owner to make the certification programme mandatory to enter a business deal/market.*

**8. Please confirm that you have undertaken a self-assessment to validate that the Certification Programme is in compliance with the GFSI Benchmarking Requirements.**

*This step is aimed at supporting the Certification Programme Owner in the identification of potential gaps prior to entering the GFSI Benchmarking process as an internal verification prior to entering the GFSI Benchmarking process.*

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## Section III: Representations and warranties

We confirm that we have read and acknowledged our obligations under the GFSI Benchmarking Requirements and this application form. We additionally represent and warrant that:

a)	All the documents and information required to be included in the application have been provided in accordance with the GFSI Benchmarking Requirements.
b)	Each information and supporting documentation provided in the application is in all respects accurate, complete and not misleading.
c)	We shall comply with all applicable laws and regulations.
d)	We shall pay the entry fee of Euros 1800* (excluding taxes such as VAT) when submitting this application and agree that the entry fee shall not be refundable in case the GFSI Senior Technical Manager decides to reject or refer the application back to us. In such case, we agree that we will have to repeat the GFSI Benchmarking Process by submitting a new application and paying the entry fee again.
e)	We shall immediately inform GFSI in case of change of circumstances and if the representations and warranties made under this application are no longer accurate and/or true.

\* Price for the year subject to changes in Euro inflation index.

<b>Signed</b>	<b>[Signature]</b>	<b>On</b>	<b>[Date of signature to be completed]</b>
<b>By</b>	<b>[Name of the authorised signatory to be completed]</b>	<b>Job title</b>	<b>[Job title of the authorised representative to be completed]</b>
<b>Duly authorised to act for and on behalf of:</b> <b><i>[Name of the Certification Programme Owner to be completed]</i></b>			

Please ensure that all sections of this application form have been duly completed. Failure to do so may cause delay in the assessment of your application and/or impact the ultimate decision of the GFSI Senior Technical Manager with respect to your application.