|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| APPLICANT DETAILS | | | | | |
|  | | | | | |
| Trading Name: |  |  | Type of Business: |  |  |
| ABN: |  |  | Cert No. *If applicable*: |  |  |
| **Business Owner** |  |  |  |  |  |
| First Name: |  |  | Telephone/Mobile: |  |  |
| Surname: |  |  | Email: |  |  |
| **Accounts Contact** |  |  |  |  |  |
| First Name: |  |  | Telephone/Mobile: |  |  |
| Surname: |  |  | Email: |  |  |
| **Operational Address(s)** |  |  | **Postal Address** | Same as Operational address |  |
| Address 1: |  |  | Address 1: |  |  |
| Address 2: |  |  | Address 2: |  |  |
| Suburb or Town |  |  | Suburb or Town |  |  |
| State and Postcode |  |  | State and Postcode |  |  |
| Country |  |  | Country |  |  |
| **Authorised Contact 1** | Same as Business Owner |  | **Authorised Contact 2** | *If applicable* |  |
| First Name: |  |  | First Name: |  |  |
| Surname: |  |  | Surname: |  |  |
| Telephone: |  |  | Telephone: |  |  |
| Mobile: |  |  | Mobile: |  |  |
| Email: |  |  | Email: |  |  |
|  |  |  |  |  | |

|  |  |  |
| --- | --- | --- |
| **SCOPE OF APPLICATION** | | |
| Type of Operation: | Processor | Wholesaler / Distributor |
| Contract Processor | Brand Owner |
| COSMOS Scopes: | **Scope 1:** Certification of organic or natural cosmetic products, raw materials with organic content, and base formulas. | |
| **Scope 2**: Approval of non-organic raw materials that can be used in certified products, raw materials and base formulas according to Scope 1. | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PREVIOUS CERTIFICATION** | | | | | |
| Are you currently or have you previously been certified for organic or natural cosmetics by another Certification Body? | | | | | Yes |
| No |
| If yes, please specify: | | | | | |
| Have you previously been denied certification or had certification withdrawn by another Certification Body? | | | | | Yes |
| No |
| If yes, please specify: | | | | | |
| **DECLARATION** | | | | | |
|  | I understand that ACO may exchange information with other authorised Certification Bodies, Accreditation Bodies and COSMOS to verify information as part of its ongoing evaluation. | | | | |
|  | I agree to allow ACO and its nominated Accreditation Body the right of access to all appropriate facilities, including to non-organic production in the unit or related units, and all relevant documentation and records, including financial records. | | | | |
|  | I agree to allow COSMOS to follow audits if necessary or to request certification documents. | | | | |
|  | I agree to inform ACO about any other certifications or Certification Body relationships in the same or similar scopes as the COSMOS-standard, including other COSMOS certifications. | | | | |
|  | I understand that I can request that my certification information is not made publicly available on the COSMOS databases when required for confidentiality reasons. | | | | |
|  | I agree to accept supplementary audits and provide samples to ACO if required. | | | | |
|  | I agree to inform ACO about any change related to my activity or certification. | | | | |
| **Additional Scope 2 requirements:** | | | | | |
|  | I understand that ACO is authorised by COSMOS for the approval of raw materials. | | | | |
|  | I agree to allow ACO and COSMOS to refer to approved raw materials on their respective websites and to allow ACO to transfer to COSMOS, for publication purposes, my contact details along with the trade name, chemical name or INCI name, and the purpose and status of approved raw materials. | | | | |
|  | I understand that ACO may exchange information related to approvals with other authorised Certification Bodies, particularly to verify the status or the conformity of the raw materials with the COSMOS-standard. Should these exchanges concern confidential information, ACO and myself shall jointly and previously identify the information that can be transmitted in this framework. | | | | |
| Name: | |  | Signature: |  | |
| Date: | |  |  |  | |
|  | |  |  |  | |

|  |
| --- |
| **PAYMENT OPTIONS** |
| Upon submitting this application and supporting documentation, ACO will issue an invoice for the selected services as per the ACO Fee Schedule, which must be paid for the application process to commence. Payment options include credit card, EFT or cheque made payable to ACO Certification Ltd. **Please note: prices on the ACO Fee Schedule are exclusive of GST.** |