



VRIKSH APPLICATION FORM – ASSOCIATES*

Section	1: Company /Organizat	ion Inform	ation			
1. COMP	ANY INFORMATION					
Compan	y Name (as it would appe	ar on a contr	act):			
Street:						
City:	City: State:			Postal Code:		
Main Ph	one:			Website:		
Brief Co	mpany Description:					
2. PRIM	ARY CONTACT PERSON					
First Na	me:		Last Name: Title:		Title:	
Direct P	hone:		Email:			
3.COMP	ANY AFFILIATIONS WIT	TH OTHER	LEGAL ENTITII	E S (parent co, subsi	diaries)	
Compan	Company Name: Corporate Relationship:					
4. COMP	ANY LEGAL STATUS (e.	g. INC., LLC	C., GMBH, LTD.	, NGO)		
What is	What is the legal status of your company?					
Section 2	2: Site Information					
1. BUSI	NESS CATEGORY (plea	se check all	that apply)			
Trader/Timber Merchant			Saw Millers	Any Other (Any Other (Please specify)	
Please tick	()		()	()	
Please Specify role						
*Note	*Associates are those organizations which are in supply chain of EPCH Vriksh Certified Member Exporters. The Associates are not eligible to obtain a shipment inspection certificate of goods required for exports either under "CITES" or otherwise.					





2. ADDITIONAL SITES TO BE CERT physically handles and/or sells VRIKSH n			te that	
Name	Address	Type of A	Type of Activity	
3. OUTSOURCING ACTIVITIES The process of contracting a business function (i.e. Warehousing) or process (i.e. Manufacturing) of a company to an independent company. Company Name Yes/No VRIKSH Certified (Yes/No)				
		() Yes	() No	
		() Yes	() No	
		() Yes	() No	
Section 3: Product Information				
Material purchased (Input Materials)	:			
Finished Products to be certified:				





Annual quantity of wood / woode	Annual quantity of wood / wooden products purchased in cbm / cft/ tons/ pieces			
Annual quantity of wood / woode	en products sold in cbn	1 / cft/ tons/ pieces		
• •	•	•		
Section 4: Additional Information		VI CENT OF THE ATTENT OF THE A		
		H-STD-01-01 V1.4EN: Standard for STD-01-03 V1.1EN: Requirement for		
		s. Additional VRIKSH certifications		
may also be available to/required b		ing upon the inputs you will use for		
your VRIKSH Program.				
Has your company previously held	l a VRIKSH Certificate o	r any other certificate?		
		() Yes () No		
If yes please specify:				
If there are companies in your sup	oply chain that may want	to obtain certification. Please		
list company names here:	T J	,		
COST OF CERTIFICATION				
COST OF CERTIFICATION				
Trader/Timber Merchant	Saw Millers	Any Other (Please specify)		
Rs.25,000/-	Rs.50,000/-	Rs.1,00,000/-		
,	•	* Applicable 18% GST Extra		
Approximate 15.0 GDT EMIC				
Payment details Demand Draft/Cheque/RTGS/NEFT No""				
Dated/ of Rs				
		-		
*Ensure that you have correctly selec	cted your category. Change	e of category shall not be accepted		
thereafter at any stage.	thereafter at any stage.			





1. EPCH Member Exporter			
Iof M/s	p numberand having valid Vriksh ve organization is providing raw materials to our		
Name:	Designation:		
Signature with Stamp:	Date:		
2. EPCH Member Exporter			
I	and having valid Vriksh Licence Code is providing raw materials to our organization		
Name:	Designation:		
Signature with Stamp:	Date:		
Name and address of the 1st Proposer:	Name and address of the 2 nd Proposer:		

 ${\bf *The~proposer~and~seconder~should~be~EPCH~members.}$





Affirmation

I affirm that the information provided herein is true and correct to the best of my knowledge, and that I am duly authorized to sign this application. Should our company decide to pursue certification, I agree to supply any information that is deemed necessary for the audit of the operation and/or products to be certified. I also clearly understand that I am being inducted in the "VRIKSH" program as "Associates" only therefore, I am not eligible to obtain a shipment inspection certificate of goods required for exports either under "CITES" or otherwise. I also affirm that post certification, and during the period of validity of the certificate, all sales of raw materials carrying the Vriksh trademark/logo/claim shall be done only to Vriksh certified organizations as listed on the Vriksh database.

Name:	Designation:
Signature with Stamp:	Date:

Bank Details for Payment:

S.No.	Audit Type	Payable amount (all figures in INR)	Payable to	Bank Details
1	Evaluation Audit / Initial Audit	25,000+ 18% GST (Wood Traders) 50,000+ 18% GST (Saw Millers)	GICIA India Pvt. Ltd. 505, 5th Floor, Matrix Tower, Plot No. B4, Sector-132, Noida- 201304	Beneficiary: GICIA India Pvt. Ltd., Account No.: 110611100005792 Swift Code: ANDBINBBNOI Bank Name: Andhra Bank Bank Address: Sector-18, Noida- 201301, UP Bank Code: RTGS/NEFT: ANDB0001106
2	Surveillance Audits/ Quarterly Audits	27,000+ 18% GST (Wood Traders and Saw Millers)	GICIA India Pvt. Ltd. 505, 5th Floor, Matrix Tower, Plot No. B4, Sector-132, Noida- 201304	Beneficiary: GICIA India Pvt. Ltd., Account No.: 110611100005792 Swift Code: ANDBINBBNOI Bank Name: Andhra Bank Bank Address: Sector-18, Noida- 201301, UP Bank Code: RTGS/NEFT: ANDB0001106