**Application Form**

 **Growing /Breeding Medical Cannabis farms CUMCS -G.A.P. 5.0**

**and CUMCS EQUIVALENCY IMC-G.A.P Version 1.2**

**Control Union Medical Cannabis Standard**

|  |  |
| --- | --- |
| **Company Address:** (Street, post code, city, province, country, P.O. Box)  | **Company name:** (Please use full name of company with e.g. Ltd., Inc, SAC, SA, SARL, BV)   |
| ***Directors Names:*** ***Name :*** ***I.D number:***  | ***Farm Location ( address) - ( if more than one site please indicate here number of sites )***  |
| **Contact person: (in addition)** **Name :** **Role :**  | **Legal Representative:** **Name :** **Role** :   |
| **E-mail address:**   | **Phone numbers/Fax/ Mobile**  |
|  **GPS coordinates of Farm (+/10m)**  | **VAT number/ Company registration** **number/** Chamber of commerce no.: in country of registration   |
| **Please attached to the application:** **1. Legal company registration document.****2. Medical Cannabis Growing License**  |
| ***Standard we apply for*** Please mark | **CUMCS -G.A.P. 5.0** |  |
| **CUMCS EQUIVALENCY IMC-G.A.P Version 1.2 (for Israel only)** |  |
| **GACP Compliance** |  |

 **Quantitative Information:**

**Growing Farm:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cultivation Model:**Please tick the box(es) corresponding to the cultivation method that is applicable to your farm | **Indoor** | **Outdoor** | **Greenhouse** |

|  |  |  |
| --- | --- | --- |
| **Number of greenhouses:**  | **The area in Hectare used to grow cannabis:**  | **The general area in Hectare of the growing farm**  |
| **Crop estimate:** (kg / Hectare)  |  |  |  |
| **Area in square meters used for processing the harvested product:**  | **An annual area in square meter that is used to grow the propagation material if it is Self-source.**  | **Source of propagation** **materials** (self / External farm)**Self: Yes / No** **External: Yes / No** **Farm name and unique identification number:**  |
| **Production cycle:** total number of months per year used for cultivation – please mark .  | **6 months**  | **9 months**  | **12 months**  |
| In case you cultivate 9 or 6 months only, in what period (months) of the year do you cultivate and harvest |  |  |

**Nursery farm:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of greenhouses:**  | **The area in square meter used for mother plants:**  | **The area in square meter used** **for** **Cannabis breeding.**  | **The total area in Hectare of the nursery farm**  |
| **Estimate of plants for sale per year:**  |  |

 **Additional Optional Service :** Please mark the box

|  |  |  |
| --- | --- | --- |
| **Pre-scoping***–*This service helps you to identify the extent of the compliance of current operating system as per CUMCS -G.A.P. requirements prior to the first inspection/audit.    | Desk Review  |  |
| On site Visit  |  |

**Applicant Declaration**:

I the undersigned, hereby declare that the information in my application is correct and accurate, I am aware of the provisions of the law and regulations promulgated for the Promotion of Good Agriculture Practice of Cannabis for Medical Use - Guidelines, Quality Requirements and Requirements of CUMCS -GAP

I am aware that the CB may, when a non-conformity is identified to impose sanctions (warning, product suspension or cancellation of the certification agreement) on the practitioner.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Based on the above information, Control Union Certifications will draw up a no-obligation offer for a contract.**