**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.**