








## 1.0 General Information

<b>Name of the Company Applying for Audit</b> (Please use the full name of the company e.g. Ltd., Inc, SAC, SA, SARL, BV)	
<b>Address of the Company</b> (Street, postcode, town, province, country, P.O. Box)	
<b>Business Registration Number</b>	
<b>Audited Site Name and Address</b> (if different from the company name and address)	
<b>Location of the Employee documents</b> (If the employee documents, including payrolls, attendance, and personal files, are stored in a different location than usual.)	
<b>Company's Legal Representative</b> (Name, Designation, Email, and Contact Number)	
<b>Company's Contact Person</b> (Name and Designation If different from above)	
<b>Email ID</b>	
<b>Contact Number</b>	
<b>Site's Contact Person and or Secondary Contact Person of the Company</b> (Name and Designation)	
<b>Email</b>	
<b>Contact Number</b>	
<b>Company Website</b>	
<b>Scope of the Registration</b> (Describe your business activities)	
<b>Office/Facility Working days and hours and weekly off</b>	
<b>Production Site Working Hours/Shift System (Including night shift)</b>	
<b>Peak Season</b> (only if applicable)	



2.0 Audit/Verification Details		
	Audit/Verification Program	Additional Information
<input type="checkbox"/>	<b>SMETA Audit</b>   <b>SEDEX Company Reference Number</b>  ZC:  <b>SEDEX Site Reference Number</b>  ZS:	<input type="checkbox"/> <b>SMETA 2 Pillar Audit</b> [Labour Standards + Health & Safety+ Additional elements of Entitlement to work + Sub Contracting and Home Working + Environment (shortened)]  <input type="checkbox"/> <b>SMETA 4 Pillar Audit</b> (2 Pillar Audit + Business Practice + Environment)
<input type="checkbox"/>	<b>Social &amp; Labour Convergence Program (SLCP)</b>   <input type="checkbox"/> CAF 1.6  <input type="checkbox"/> CAF 1.7	<input type="checkbox"/> <b>Step 1</b> (Recruitment & Hiring, Working Hours, Wages & Benefits, Worker Treatment, Worker Involvement, Health & Safety, Termination)  <input type="checkbox"/> <b>Step 2</b> (Step 1 + Management System)  <input type="checkbox"/> <b>Step 3</b> (Step 1 + Step 2 + Above & Beyond)
<input type="checkbox"/>	<b>WRAP</b> 	<b>Facility ID:</b>
<input type="checkbox"/>	<b>Control Union Ethical Sourcing Audit Tool</b> (Benchmarking the Ethical Trading Initiative Base Code) 	
<input type="checkbox"/>	<b>Brand Code of Conduct Verification</b> <b>Brand Name:</b>	
<input type="checkbox"/>		

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Audit/Verification Type	Notification of the Audit/Verification (Some BRANDS need Semi Announced or Unannounced audit as a mandatory requirement)
<input type="checkbox"/> Full Initial	<input type="checkbox"/> Announced
<input type="checkbox"/> Periodic / Renewal / Annual	<input type="checkbox"/> Unannounced
<input type="checkbox"/> Full Follow-Up	<input type="checkbox"/> Semi-announced
<input type="checkbox"/> Partial Follow-Up	<b>Window Period:</b>  <b>Name of the Brand:</b>
<b>Other (please describe)</b>	
<b>Desired Audit Date(s)/Period :</b>	

	Indicate the buyer that you are supplying	Was the audit ordered by the brand? (Please select only applicable)	Remarks (If any)
<input type="checkbox"/>	<b>Unilever</b> (Unilever RS Program) <i>(Unilever will no longer accept URSA under Unilever RS)</i>		USQS Site ID
<input type="checkbox"/>	<b>PepsiCo</b> (PepsiCo SSP program)		
<input type="checkbox"/>	<b>The Coca-Cola Company</b> (Mutual Recognition)		
<input type="checkbox"/>	<b>Marks and Spencer</b> <b>Clothing &amp; Home Sector</b>  <b>Food Sector</b>		
<input type="checkbox"/>	<b>Sainsbury's - Food</b>		
<input type="checkbox"/>	<b>Walmart</b> <i>(Audit shall be Semi-Announced or unannounced)</i>		
<input type="checkbox"/>	<b>Nestle</b> (Nestle RSA program) <i>(Audit shall be SEMI-ANNOUNCED with 04 weeks window)</i>		
<input type="checkbox"/>	<b>Tesco</b>		
<input type="checkbox"/>	<b>Hershey's RSSP</b>		
<input type="checkbox"/>	<b>Other</b> (Please list the brands you are supplying)		

Brand Nomination	
Is there any "Brand Nomination" on selecting the audit house	<b>YES</b> (If yes, please verify that your buyer will Accept an audit report by the Control Union) <b>NO</b>

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3. Basic Information of Audited Site				
Number of Buildings (On-site)	Office/Admin		Dormitory (onsite)	
	Production		Warehouse	
	Other (Please describe)			
Size of the Facility	Land Size			
	Total Floor Size			
Name of the Off-Site Dormitories (Only applicable)	Distance from the Site to be audited	Address of the Dormitory		
Service/Labour Providers (Ex: Janitorial, Security, Canteen, Local Labour)				
Name of the service/Labour Provider		Type of the Service		

4. Worker Analysis- Excluding Management (Refer to the scheme-specific definition for WORKER before filling this)											
	Local			Domestic Migrants			International Migrants			Other	Total
	Permanent	Temporary	Agency	Permanent	Temporary	Agency	Permanent	Temporary	Agency	Home Worker	
Male											
Female											
Total											

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### 5. Worker Analysis with Dormitory Facility

Dormitory Name (Mention the status Onsite or offsite)	Local workers		International Migrant Workers (Separately mention the country)		Domestic Migrant Workers (Separately mention the State )		Total
	Male	Female	Male	Female	Male	Female	

### 6. Details of Migrant Workers (including domestic) and Languages spoken by the total workforce

Originating Countries/States for total workforce:		% of the entire Workforce originating From this country/State	Languages Spoken by Workers:	% of the entire Workforce Speaking this language
Languages Spoken by Management:	Language (1)			
	Language (2)			
Did the recruitment of migrant workers involve an agency?			YES	
			NO	
Name of the Agency			% of the entire migrant workforce by this agency	
Percentage of migrant workers in the company who are provided housing accommodation:			Domestic:	
			International :	

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**7. Details of Vendor (only if applicable)**

<b>Company Name</b>			
<b>Address</b>			
<b>Contact Person</b>		<b>Designation</b>	
<b>Email</b>		<b>Contact Number</b>	

**8. Details for Invoice Arrangements**

<b>Company Name</b>			
<b>Address</b>			
<b>Contact Person</b>		<b>Designation</b>	
<b>Email</b>		<b>Contact Number</b>	
<b>Tax/VAT/SVAT Number</b>			

**9. Additional Information**

Has the facility ever been inspected or certified for a social compliance program before by another CB/VB

<b>SA8000</b>	<b>SMETA</b>	<b>SLCP</b>	<b>BSCI</b>
<input type="checkbox"/> <b>ETI</b>	<input type="checkbox"/> <b>WRAP</b>	<input type="checkbox"/> <b>CT-PAT</b>	<input type="checkbox"/> <b>Fairtrade</b>
<b>Fairtrade USA</b>	<b>Other</b>		

Do you have open NCs from the above-mentioned audit?

YES (If YES, please describe)

NO

Has the facility participated in any other certification programs

I, the undersigned, declare that this application form has been completed truthfully.

<b>Name :</b>	<b>Designation:</b>
<b>Date:</b>	<b>Signature:</b>