



INSTRUCTIONS:

Please completely fill in all applicable information (section 1-9) and send applications to IDFL at audits@idfl.com. If known, please also copy regional certification manager / auditor.

Section 1 Applicant Information
Section 2 Payer Information
Section 3 Standard
Section 4 Products
Section 5 Facilities and Processes

Section 6 Slaughterhouse (Meat Processor) Facilities***
Section 7 Individual Farm Certification***
Section 8 Farm Group Certification***
Section 9 Farm Area Certification***

*** Only applicable to those with slaughterhouse or farms in scope of certification.

SECTION 1. APPLICANT INFORMATION

Company Name	
Address	
City	
Country	
Contact Person	
Title	
Phone No.	
Email	

SECTION 2. PAYER INFORMATION

Payment Currency USD RMB EURO TWD

NOTE: If the payer company is different than the applicant company, please provide the below information:

Company Name	
Address	
City	
Country	
Contact Person	
Title	
Phone No.	
Email	

SECTION 3. STANDARD

Standard (Choose all that apply)	<input type="checkbox"/> Downpass <input type="checkbox"/> Downpass 2016
Membership Status	<input type="checkbox"/> Not a member <input type="checkbox"/> Membership application in-process <input type="checkbox"/> Downpass / Traumpass Member



APPLICATION
DOWNPASS Certification

IDFL - FF - 7.2 D
Date: June 2020

Undersigned confirms that all information in the application form is completely truthful. Knowingly making a false statement on this application may lead to the termination of the certification.

Name of Company	Company's Registered Seal/Stamp

Authorized Signature:

Name and Title of the Signatory	
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Date:	
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If another company is helping with the application, please provide the following information:

Application Representative Company	
Application Representative Contact Name	
Application Representative Contact Email	