In order to comply with FSC-POL-20-005 V3-1 EN AAF Policy and to calculate the appropriate AAF Fees for your organization, please complete this form and return it to the auditor prior to the audit start date.

|  |  |
| --- | --- |
| **Legal name (to be indicated on the certificate)** |  |
| **Business name (if it exists)** |  |
| **Address:** |  |
| **City:** |  |
| **Postal code:** |  |
| **Country:** |  |
| **Operation address**  **(if different from registration address)** |  |
| **Telephone:** |  |
| **Website:** |  |
| **Official registration number (VAT, …):** |  |
| **Number of employees** |  |
| **For COC group certification, number of group members** |  |

|  |  |
| --- | --- |
| **Contact Person:** |  |
| **E-mail:** |  |

|  |  |
| --- | --- |
| **Activity :** | Processor   Trader |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Forest Products Turnover (USD)** | | | | | |  |
| **In case of no sell,** overall purchasing cost of certified material and products | | | | | |  |
| **Revenue (USD)** | | |  | | | |
| **Fiscal year** | **From** |  | | **To** |  | |

Or

Newly founded company that has not yet completed a full fiscal year (cannot provide the required turnover figure to determine the AAF class)

I certify that all the information indicated on this form are correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized individual | Position | Date | Signature |
|  |  |  |  |

If all data is not entered by 15th June 2022, FSC will calculate the AAF for the respective certificate holder by using the mid-point of one band higher than at present. In cases where the reported turnover figure for the most recently completed fiscal year is later changed to a lower figure, BV will not issue a credit note for the difference.

In case of Suspension, the certification is subject to payment of the AAF.