



# MSPO SUPPLY CHAIN CERTIFICATION SCHEME

## QUESTIONNAIRE FORM

This questionnaire is sent to applicants to allow us to understand your business and to provide you with the best possible service.

**PLEASE COMPLETE IN BLOCK LETTERS.**

### 1. DETAILS OF APPLICANT

Name of Company : \_\_\_\_\_  
Company Registration No. : \_\_\_\_\_  
Postal Address : \_\_\_\_\_  
Web-site (if any) : \_\_\_\_\_  
Contact person (1) : \_\_\_\_\_  
    Position : \_\_\_\_\_  
    Telephone : \_\_\_\_\_  
    E-mail address : \_\_\_\_\_  
Activity at processing facility : \_\_\_\_\_

#### Multi sites (if applicable)

Activity at each site :

Site no.	Address	Activity

Is your organization part of larger organization?       Yes       No

If 'Yes' give the name of holding company : \_\_\_\_\_

Category of organization (tick where appropriate)

Government       Large/multinational (origin)  
 SMI       Join Venture       Others



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#### 2. INFORMATION ON SITE(S) SEEKING CERTIFICATION

2.2 Model of the supply chain used [Please tick (✓)]:

Segregation (SG)

Mass Balance (MB)

2.3 Type of certification/audit [Please tick (✓)]

Single site

Multi site

2.4 Has the facility purchased or has carried out transactions in MSPO certified oil palm products

Yes

No

2.5 Is the facility physically handling the MSPO certified oil palm products

Yes

No

2.6 Applicable to multi site operations

i) Is there a single management organization controlling the processing facilities (sites)-Central Office.

Yes

No

If yes, please state the name and: address of the organization

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ii) Number and list of all processing facilities (sites).  
(please provide list as attachment)

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#### 3. INFORMATION ON PRODUCT/PROCESS TO BE CERTIFIED

3.1 Describe the scope including products of your company's activity for which certification is sought: {Indicate the final product(s) / process(es) for which supply chain is applied for}. In the case of multisite operations, please indicate the scope at each processing facility.

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3.2 Does the facility uses outsourced activities such as storage, transport etc

Yes

No

3.3 .List processes/activities which have been outsourced

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3.4 Is any of the outsourced activities has been certified to MSPO Supply Chain certification system?

No.	Product/Activity	Name and Address of Sub-Contractor	Agreement/Certification (Yes/No)

#### 4. OTHER INFORMATION

- (a) Have you engaged the services of a consultant to develop your system?  Yes  No

If 'Yes', give the name of the consultant : \_\_\_\_\_

- (b) How long has the MSPO supply chain system been implemented? \_\_\_\_\_

- (c) Have you obtained certification (or previously held) any of management system Yes / No (e.g. ISO 9001, ISO 22000)

If yes, please name the certification body: \_\_\_\_\_