

# Certificate Text

TÜV AUSTRIA Group



KFM-002b, Rev 01

### Certification Standard – Audit Type

<b>Applicable standard</b>	<input checked="" type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 22000	<input type="checkbox"/> ISO/IEC 27001
	<input checked="" type="checkbox"/> ISO 14001	<input checked="" type="checkbox"/> ISO 45001	<input type="checkbox"/> ISO/IEC 20000

### Address of Head Office

Language	Company's Name, P.C., Address, Country <sup>(2)</sup>	Certified Scope <sup>(1), (4)</sup>	A3	A4
ENG	EUROBILD D.O.O. Vinogradska 110 11070 Novi Beograd Serbia	Construction works in the field of building and civil engineering. Management of foundation equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SRB	EUROBILD D.O.O. Vinogradska 110 11070 Novi Beograd Srbija	Izvođenje građevinskih radova u oblasti visokogradnje i niskogradnje. Upravljanje opremom za fundiranje	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

In case you own a registered trademark of the company, do you wish to include it on the Certificate?  YES  NO

The scope refers to legislation  YES  NO

The scope refers to Subcontracted processes  YES  NO

### Address of other sites (in case of group certification)

Language	Company's Name, P.C., Address, Country <sup>(2)</sup>	Certified Scope <sup>(1), (4)</sup>	A3	A4
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Place, Date	Signatures and Stamp of Company	
	Lead Auditor <sup>(3)</sup>	Company Representative <sup>(3)</sup>
Novi Beograd, 30.08.2023.	Zlatko Kavazović	Nenad Milutinović



### Company Representative Details

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

- (1): -the translation in other languages must be an accurate translation of the texts in the original language  
 - please write the text uniformly, without bullets, or numbering
- (2): - write the official name of the company and the commercial title  
 - complete translation of the company's information in other languages  
 - please write all the facilities / branches / stores that are certified
- (3): - sign and stamp of the legal representative of the company and the name, signature and date of approval by the Lead Auditor
- (4): - In case of GLOBALG.A.P. Certification: the cultivated area in hectares shall be appeared next to each crop. In case of CFM, record the produced tones per scope (feed or fish feed). In case of AGRO 2, record the cultivated area in acres and the number of producers. Fill in certificate text form in surveillance audits

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## IFS CERTIFICATES - ADDITIONAL INFORMATION

COID	
Product scopes	
Exclusions	
Technology scopes	
Audit result	
Audit date(s)	
Certificate issue date	
Certificate valid until:	
Next audit period:	
Outsourcing	
Unannounced	

## GLOBALG.A. P CERTIFICATES - ADDITIONAL INFORMATION

Version <sup>(7)</sup>	<input type="checkbox"/> OPTION 1 – Individual Producer	<input type="checkbox"/> OPTION 2 – Producer Group
	<input type="checkbox"/> OPTION 1 – Individual multisite producer with QMS	<input type="checkbox"/> OPTION 1 – Individual multisite producer without a QMS
	<input type="checkbox"/> Chain of Custody – Fruits and vegetables	<input type="checkbox"/> Chain of Custody – Aquaculture
	<input type="checkbox"/> Compound Feed Manufacturing	<input type="checkbox"/> GRASP

### Special requirements

Valid for the operation	Company Name and Address, sub-GLN or GGN for the PMUs or / and the produce handling units (PHU) <sup>(6)</sup>	Products and Description where required <sup>(5)</sup>	YES	NO
Parallel Production			<input type="checkbox"/>	<input type="checkbox"/>
Parallel Ownership			<input type="checkbox"/>	<input type="checkbox"/>
Harvest			<input type="checkbox"/>	<input type="checkbox"/>
Produce Handling			<input type="checkbox"/>	<input type="checkbox"/>

### CHAIN OF CUSTODY - Special requirements

STANDARDIZATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	GFSI SCHEME	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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### GRASP - Special requirements

TOTAL NUMBER OF EMPLOYEES	NUMBER OF EMPLOYEES ON RURAL PRODUCTION	NUMBER OF EMPLOYEES ON PACKAGING	LOCAL	MIGRANTS
			<input type="checkbox"/>	<input type="checkbox"/>

### ANNEXES

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GROUP MEMBER PRODUCERS       PACKAGING & HANDLING FACILITIES       PRODUCTION SITES

## DATA AVAILABLE ONLINE

*NAME, SURNAME, ADDRESS, PO, GROUP COUNTRY*       YES       NO

*NAME, SURNAME, ADDRESS, PO, PRODUCER COUNTRY*       YES       NO

(5):- Product description filled in only in case of parallel production

(6):- "production handling", record of all units, central or the producer's, where it is carried out one or more of the following processes: storage, sorting, grading, packaging

(7):-Record the exact version of the standard – eg. 5-x-y\_month\_year