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| **INSTRUCTIONS:**  Please completely fill in all applicable information (section 1-8) and send applications to IDFL.  Visit [IDFL directory](https://idfl.com/directory/) for a complete list of all IDFL locations. | |
| * Section 1 Applicant Information * Section 2 Payment Information * Section 3 Certification Types * Section 4 Products | * Section 5 Sites / Facilities * Section 6 Subcontractors * Section 7 Certification Information * Section 8 Authorization / Signature |

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| **SECTION 1. APPLICANT INFORMATION** | | | |
| Company Name (Local): | Click to enter text. | | |
| Company Name (English): | Click to enter text. | | |
| Address: | Click to enter text. | | |
| City: | Click to enter text. | | |
| Country: | Click to enter text. | | |
| Contact Person: | Click to enter text. | | |
| Job Title: | Click to enter text. | | |
| Phone No.: | Click to enter text. | | |
| Email: | Click to enter text. | | |
| BCP Type:  (Please select according to the type shown on your BCP account) | Ginner | Trader (Lint) | Spinner |
| Integrated Spinner | Fabric Maker | Vertically Integrated Mill |
| End Product Manufacturer | Non-Lint Trader | Sourcing Agent |
| Retailer / Brand |  |  |
| Registration Status: | Have not registered with Better Cotton.  Better Cotton Registration in-process.  Better Cotton Registration approved.  BCP Number: Enter BCP # | | |
| Note: BCP Number must be provided before the audit can be scheduled. | | |

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| **SECTION 2. PAYMENT INFORMATION** | | | | | | | | | | |
| Payment Currency | USD | RMB | | EURO | | TWD | TRY | CHF | INR | BDT | |
| JPY | PKR | | KRW | | IDR | VND | AUD | OTHER  Click to enter currency | | |
| Tax ID # | Click to enter text. | | | | | | | | | |
| **PAYER COMPANY INFORMATION** | | | | | SAME AS APPLICANT (may skip the rest of section 2) | | | | | |
| Company Name (Local): | | | Click to enter text. | | | | | | | |
| Company Name (English): | | | Click to enter text. | | | | | | | |
| Address: | | | Click to enter text. | | | | | | | |
| City: | | | Click to enter text. | | | | | | | |
| Country: | | | Click to enter text. | | | | | | | |
| Contact Person: | | | Click to enter text. | | | | | | | |
| Job Title: | | | Click to enter text. | | | | | | | |
| Phone No.: | | | Click to enter text. | | | | | | | |
| Email: | | | Click to enter text. | | | | | | | |

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| **SECTION 3. CERTIFICATION TYPES** | | | | | |
| **STANDARD VERSION** | | | **CERTIFICATION STATUS** | | |
| Better Cotton CoC Standard v1.0  Better Cotton CoC Standard v1.1 (only for Brand / Retailer now) | | | **Initial Certification**  **Renewal Certification** | | |
| **COC SUPPLY CHAIN MODEL(S)\*** | | | Previously certified to Better Cotton CoC Standard with another Certification Body (CB)?  YES  NO | | |
| Please select all the models you wish to apply.  **Segregation – Single Country**  (Physical Better Cotton material from a single country is kept physically separate from all other cotton sources. No mixing between Physical Better Cotton of different origins and conventional cotton of any origin.)  **Segregation – Multi-Country**  (Applied when Physical Better Cotton originates from multiple countries. Does not allow mixing or substitution between Physical Better Cotton and conventional cotton.)  **Controlled Blending**  (Allows mixing of physical Better Cotton and conventional cotton within a production batch, resulting in a percentage claim about the proportion of Physical Better Cotton used within the batch.)  **Mass Balance**  (An accounting system that allows claims to be transferred from one Better Cotton product to another either through physical blending/mixing or administratively via Better Cotton Claim Units (BCCUs).)  *\*Organizations can apply for multiple supply chain models. The organization is required to meet the requirements for that specific model(s). Failure to comply with the relevant requirements may either result in a different model being required (e.g., failure to comply with segregation rules may result in only the Mass Balance model being applied), or in a suspension or rejection of the organization to enter the program.* | | |
| Previous Scope Certificate No. | | Click here to enter text. |
| Previous Expiration Date | | Click here to enter text. |
| Previous Certification Body | | Click here to enter text. |
|  | | |
| **CERTIFICATION TYPE** | | | | | |
| Single Site Certification (may skip the rest of section 3)    Multi-Site Certification (please select one of the scenarios below and list all the sites in Section 5 of this application.) | | | | | |
| **Multi-Site Options** | **Scenario A** | **Scenario B** | | **Scenario C** | |
| General requirements | Same ownership/legal relationship. | | | | |
| Same management system. | | | | |
| Applicable for: | Organizations with multiple sites/units | Independent sites managed by central function | | Multiple sites for Brands and Traders | |
| BCP Account | 1 BCP account overall | 1 BCP account per site | | 1 BCP account per site | |
| Who is the customer: | Sites may only supply the central function, not external customers. | Each site may each supply a different external customer. | | Each site may each supply a different external customer. | |
| Location of sites: | Within 50km and within the same country. | Within the same country. | | Can be in different countries. | |
| Who is audited | All sites overall | 1 audit for head office + samples of additional sites | | 1 audit for head office + samples of additional sites | |
| Audit Frequency | 1 audit every 3 years | Annually | | Annually | |
| Note:   * If none of these requirements for each multi-site scenario can be met by your organization, you may need to apply for a separate scope certificate for each of your sites / facilities. * Please refer to [Better Cotton CoC Monitoring and Certification Requirements](https://bettercotton.org/wp-content/uploads/2025/01/Better-Cotton-CoC-Monitoring-and-Certification-Requirements.pdf) for detailed information of multi-site certification. | | | | | |

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| **SECTION 4. PRODUCTS** | |
| **INSTRUCTIONS:**  Based on the information below, please provide details about the products you are certifying. If your product category is not listed, you may specify it according to the specific product information.  Note: This information is for pre-assessment only; a product list should be provided later during the site evaluation. | |
| **Product Categories**  *Choose all that apply* | **Product Details**  *List all that apply* |
| Lint Cotton | Click here to enter text. |
| Greige Yarn | Click here to enter text. |
| Dyed Yarn | Click here to enter text. |
| Greige Fabric | Click here to enter text. |
| Dyed Fabric | Click here to enter text. |
| Printed Fabric | Click here to enter text. |
| Filling / Stuffing | Click here to enter text. |
| End Product - Children's Apparel | Click here to enter text. |
| End Product - Babies' Apparel | Click here to enter text. |
| End Product - Women's Apparel | Click here to enter text. |
| End Product - Men's Apparel | Click here to enter text. |
| End Product - Unisex Apparel | Click here to enter text. |
| End Product - Worn Accessories | Click here to enter text. |
| End Product - Carried Accessories | Click here to enter text. |
| End Product - Functional Accessories | Click here to enter text. |
| End Product - Home Textiles | Click here to enter text. |
| End Product - Bedding | Click here to enter text. |
| End Product - Outdoor | Click here to enter text. |
| End Product - Footwear | Click here to enter text. |
| Other Click here to enter text. | Click here to enter text. |
| Other Click here to enter text. | Click here to enter text. |
| Other Click here to enter text. | Click here to enter text. |
| Other Click here to enter text. | Click here to enter text. |
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*If additional space is needed, please use other document sheets (preferably excel or word) to submit the above information.*

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| **SECTION 5. SITES / FACILITIES** | | | | | | |
| **INSTRUCTIONS:**  Please provide the following information for all sites / facilities that trade / handle / process certified products in this scope of certification. This includes the applicant information and may include other sites / facilities’ information such as offices, distribution centers, and/or suppliers that will be included in the same scope of certification.   * **Number of Employees:** Please include all permanent, contracted, seasonal and temporary and sub-contracted employees. * **List of Activities / Processes:** Examples - Ginning, Spinning, Processing, Weaving, Knitting, Laundering, Dyeing, Printing, Finishing, Manufacturing, Trading (buy and sell, no processing), Storing, Administration, Distributing, etc. | | | | | | |
| **REQUIRED:** Are there any subcontractor facilities that trade / handle / process certified products in this scope of certification? If YES, please fill out **SECTION 6 SUBCONTRACTORS.** | | | | | | YES  NO |
| **Ref. No.** | **Site / Facility Name** | **Address (Street, City, Region, Zip code, Country)** | **Contact Information** | **Number of Employees** | **List of Activities / Processes** | **Certified Previously (YES/NO)** |
| **1** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| **2** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| **3** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| **4** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| **5** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| **6** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| **7** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| **8** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| *If additional space is needed, please use other document sheets (preferably excel or word) to submit the above information.* | | | | | | |

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| **SECTION 6. SUBCONTRACTORS** | | | | | | |
| **INSTRUCTIONS:**  Please provide the following information for all subcontractor facilities that trade / handle / process certified products in this scope of certification.   * **Number of Employees:** Please include all permanent, contracted, seasonal and temporary and sub-contracted employees. * **List of Outsourced Activities / Processes:** Examples - Ginning, Spinning, Processing, Weaving, Knitting, Laundering, Dyeing, Printing, Finishing, Manufacturing, Trading (buy and sell, no processing), Storing, Administration, Distributing, etc. * **Ref. No. of the Site / Facility:** If this is for Multi-Sites Certification where a subcontractor is used, please indicate the reference number of the Site / Facility in Section 5, to show which Site / Facility the subcontractor processes Better Cotton Products for. * **Currently Certified against BC / Peer Standards (YES/NO):**   If yes, please provide current scope certificate(s) of the subcontractor as proof of independent certification against Better Cotton Chain of Custody Standard or any other peer sustainability standards (GOTS / Textile Exchange)  Note: If a subcontractor is changed or a new subcontractor is used during the certification period, please notify IDFL to update the information on the scope certificate. | | | | | | |
| **Subcontractor Name** | **Address (Street, City, Region, Zip code, Country)** | **Contact Information** | **Number of Employees** | **List of Outsourced Activities / Processes** | **Ref. No. of the Site / Facility (only for multi-site certification)** | **Currently Certified against BC / Peer Standards (YES/NO)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Enter Reference Number | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Enter Reference Number | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Enter Reference Number | Choose an item. |
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| *If additional space is needed, please use other document sheets (preferably excel or word) to submit the above information.* | | | | | | |

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| **SECTION 7. CERTIFICATION INFORMATION** | | |
| **Certifications - Are the sites / facilities / subcontractors certified to any of the following standards?** | | |
| Global Organic Textile Standard (GOTS) | YES  NO | |
| Organic Content Standard (OCS) | YES  NO | |
| Global Recycled Standard (GRS) | YES  NO | |
| Recycled Claim Standard (RCS) | YES  NO | |
| Responsible Down Standard (RDS) | YES  NO | |
| Responsible Animal Fiber (RAF) including RMS, RWS or RAS | YES  NO | |
| **Certification Compliance** | | |
| Has the organization or any of its sites / facilities / subcontractors been denied certification by another Certification Body (CB)? If yes, please provide detailed information below. | YES  NO | |
| Click to enter text. | | |
| Has the organization or any of its sites / facilities / subcontractors been banned from product certification? If yes, please explain below. | | YES  NO |
| Click to enter text. | | |

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| **SECTION 8. AUTHORIZATION / SIGNATURE** | | | |
| **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:** |
| Click here to enter text. | | |  |
| **Authorized Signature:** | | | |
|  | | | |
| **Name and Job Title of the Signatory:** | Click here to enter text. | | |
| **Date:** | Click here to enter text. | | |
| \* If another company is helping with the application, please provide the following information: | | | |
| **Application Representative Company:** | | Click here to enter text. | |
| **Application Representative Contact Name:** | | Click here to enter text. | |
| **Application Representative Contact Email:** | | Click here to enter text. | |