The information provided in this Application will help SCS to determine eligibility and scope of service. No charges will be incurred or work conducted until a Work Order is executed.

|  |
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| **Section 1: Company details**  |
| **Contact information for the Supplier who sells directly to the retailer identified in Section 2** |
| Company Name**:**       |
| Street address:       |
| City:       | State/Province:       | Postal Code:       |
| Country:       |  |  |
| Primary contact name:       | Tel:       | Email:       |
| **Section 2: Audit details**2-Pillar: Labor Standards, Health & Safety4-Pillar: Addition of Environmental Assessmentand Business Ethics |
| Who requested the SMETA audit (Retailer / Brand name)?  |
| Audit scope (choose one): [ ]  2-Pillar [ ]  4-Pillar  |
| Audit notification: [ ]  Announced [ ]  Semi-announced [ ]  Unannounced |
| Audit type: [ ]  Initial Audit [ ]  Re-audit [ ]  Additional Code of Conduct (specify):       |
| Desired audit date / deadline to receive audit:       |
| Do you require the audit report in a language other than English? **[ ]**  Yes **[ ]** No (If ‘Yes’, please specify language)       |
| **Section 3: Facility details** |
| **Facility #1** |
| Facility Name:       |
| Street address:       |
| City:       | State/Province:       | Postal Code:       |
| Country:       |
| Facility contact name:       | Telephone:       | Email:       |
| Peak months of operations:       |  |  |
| Total number of workers employed directly during peak:        |
| Total number of workers employed indirectly during peak (e.g. FLC, H2A):        |
| Does the facility have worker housing? **[ ]** Yes **[ ]** No If yes, how many housing facilities?       |
| What is the predominant language spoken by the workforce?       By the workforce management (if different)?       |
| Products:       |
| Activities at this facility (e.g. production, processing, packing, etc.):       |
| Is the facility a Sedex member? [ ]  Yes [ ]  No  |
|  |
| **Facility #2** |
| Facility Name:       |
| Street address:       |
| City:       | State/Province:       | Postal Code:       |
| Country:       |
| Facility contact name:       | Telephone:       | Email:       |
| Peak months of operations:       |  |  |
| Total number of workers employed directly during peak:        |
| Total number of workers employed indirectly during peak (e.g. FLC, H2A):        |
| Does the facility have worker housing? [ ]  Yes [ ]  No If yes, how many housing facilities?       |
| What is the predominant language spoken by the workforce?       By the workforce management (if different)?       |
| Products:       |
| Activities at this facility (e.g. production, processing, packing, etc.):       |
| Is the facility a Sedex member? [ ]  Yes [ ]  No   |
| **Section 4: Billing information**  |
| **Only complete this section if the audit payer details are different from Section 1 above** |
| [ ]  Billing information same as Section 1 |
| Billing Company Name:       | Billing contact name:       |
| Street address:       |
| City:       | State/Province:       | Postal Code:       |
| Billing Contact Tel:       | Email:       |
| **Section 5: Additional information** |
| Comments or instructions:       |
| Has the company worked with SCS previously? [ ]  Yes [ ]  No If yes, which service(s) did you use?        |

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| Section 6: Declaration |
| I affirm that the information provided herein is true and correct to the best of my knowledge, and that I am duly authorized to sign this application. Should our company decide to pursue the SMETA audit with SCS Global Services, I agree to supply any information that is deemed necessary for the audit of the facilities and operations in scope. |
| **Print Name:**       | **Title:**       |
| **Signature** (*electronic or typed accepted*):       | **Date:**       |

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| **Submit completed application to:**Oren Jaffe | OJaffe@scsglobalservices.com | Phone: 1-510-882-0951 | Fax: 1-510-452-8001 [**www.SCSglobalServices.com**](http://www.SCSglobalServices.com) |  |