

# VALIDATION AND VERIFICATION BODY (VVB) APPROVAL PROCEDURE

## **Application Form**

#### INSTRUCTION

This Application form (hereafter referred to the "Form") must be completed by the Validation/Verification Body (VVB) applying to obtain Approval pursuant to the ORMEX STANDARD.

The eligibility requirements for becoming an Approved VVB are set forth in the document VALIDATION AND VERIFICATION BODIES REQUIREMENTS, as well as the Definitions used to this Form.

This Form must be used to submit.

- ✓ A first time Approval, OR
- ✓ An Approval renewal (expiration of the International Accreditation), OR
- ✓ A sectorial scope extension, OR
- ✓ A re-submission for Approval

You must file this Form carefully and provide all necessary documents.

The FORM must be signed electronically and submitted to the ORMEX STANDARD at the email address contact@ormex.org.

The ORMEX STANDARD will review the information, documentation and justifications provided and, if necessary, request additional information or documents. Please, note that ORMEX may decide to terminate this application if no respond is received within fifteen (15) Calendar Days following the first reminder notification sent to you, without liability.

You will receive ORMEX's decision regarding your application once the review process is complete. ORMEX has the sole discretion over the Approval or rejection of the VVB, without liability.

The final Approval is conditional upon your signature of the VVB GENERAL TERMS AND CONDITIONS (VVB-GTC), and payment of the relevant VVB Approval annual fees. Once this is completed, your organization will be listed as an Approved VVB on the ORMEX STANDARD REGISTRY PLATFORM (Platform) and can begin to be appointed for Validation and/or Verification Services.



#### **VVB GENERAL INFORMATION**

Corporate information	
Corporate name	Please, complete with your company's name
Corporate Address	Please, complete with your company's registered office (It is the entity that will sign the VVB-GTC)
Corporate contact information	Please, complete with your company's designated person being the contact person publicly listed on the ORMEX website and Platform Full name: Title: Email address: Phone number: Fax:
Other contacts	Please, complete with your other contacts involved on the ORMEX 's VVB Approval Procedure (if any)  Full name:  Title:  Scope of designation:  Email address:  Phone number:  Fax:
Type of Approval <sup>1</sup>	<ul> <li>☐ First time Approval</li> <li>☐ Approval renewal</li> <li>☐ Sectorial scope extension</li> <li>☐ Re-submission for Approval</li> </ul>
Scope of Approval <sup>1</sup> Sectorial Approval scope <sup>1</sup>	□ Validation □ Verification □ Agriculture, Forestry, Other Land Use (AFOLU)

<sup>&</sup>lt;sup>1</sup> Please, mark the box of your choice with a cross



#### TO BE COMPLETED BY ORMEX

Approval Procedure	
Approval procedure	
Start date	
Approval Procedure	
End date	
Approval date	
ORMEX Approved VVB	
termination date	[termination date of the VVB International Accreditation] <sup>2</sup>

<sup>&</sup>lt;sup>2</sup> The Approved VVB status can be suspended or terminate at any time before this date as set forth in the VVB-GTC.



## INTERNATIONAL ACCREDITATION DETAILS

List of VVB's current inte	ernational Accreditation
ORMEX's currently recognized international accreditation bodies and scope	□ UNFCCC CDM³ Accreditation Standard for Designated Operational Entities (DOE) □ Land Use and Forestry □ International Accreditation Forum (IAF) member bodies (for current edition of ISO 14065 and ISO 14066) □ ANSI National Accreditation Board (ANAB) - Land Use and Forestry □ Other
SDGs Auditor Accreditation	Thanks to fill out if any
Other accreditations if any	Thanks to fill out if any
Corporate contact information	Please, complete with your company's designated person who will be the contact person publicly listed on the ORMEX website and Platform (for several contacts name considering the region, please add rows as necessary with the indication of the region) Full name: Title: Email address: Phone number: Fax:

Please attach to this Form the scanned copy of your International Accreditation(s), and complete the following information for each effective international accreditation and provide the relevant documents.

International Accreditations	Please, complete with the designation of the international accreditation				
Dates	Obtention date:  Per Sector:  Per sub-sector:				
Sectorial scopes	Please, attach to this Form any necessary documents that can evidenced the following statements.				

<sup>&</sup>lt;sup>3</sup> United Nations Framework Convention on Climate Change – Clean Development Mechanism

#### ORMEX



	Sector(s):  Number of audits services performed/sector:  number of auditors:	Sub-sector: Number of audits services performed/sub-sector: number of auditors:			
Staff	Total employees: Number of VVB' employees: Number of Assessors employed by the Subcontractors: Number of external individual's Assessors:				



## 2 ORGANIZATION

Please, attach to this Form:

Activities	Please resume here your company (or group) history and global activities, and provide any related white paper
Group overview	Please provide a Group organization chart, with mentions of the affiliates and other company shares participation that may be assigned part of the Validation or Verification services.  Detail for each of them: their main activities, company name, office address, company register number, number of staff
Holding, affiliates and other third-party companies	Please provide the organization chart of your holding company and affiliates, and of any other company that may be involved in the performance of the Validation or Verification Services. Detail their potential role and responsibilities related to the performance of the Validation or Verification Services.
Audit department(s)	Please provide an overview of the organization of your audit department(s), with mentions of the sub-department, number of staff, managers(s) and/or team leader(s)
Third-party information (subcontractors or external Assessors)	Please, for each third-party that may be involved in a Validation or Verification services, provide the same information that the ones requesting in this Form. (Use this Form as a template to be filled by the third-party – except pages 1 and 2. The third-party must sign the form filed by it)
Affiliates and Third- party contacts	Please, complete with third-party contact information of third-party that may be involved on the ORMEX 's VVB Approval Procedure (if any), or the Validation or Verification Services (add rows as necessary)  Full name:  Title:  Email address:  Phone number:



# SECTORIAL EXPERTISE

Sectorial expertise AFOLU Projects performed under another Carbon Standard	□ Agriculture/cropland	☐ Certified  Number of projects: ☐ Verified  Number of projects:  Please attach to this Form the relevant			
Program		evidences			
	□ Forestry				
	□ Other Lands				
Employer designation	<ul> <li>□ Please, complete with the designation of the employer (your company or subcontractor)</li> <li>or</li> <li>□ Individual experts</li> </ul>				
Job position	Thanks to fill out with the relevant information				
Experiences	Sector:	Number of years:			
	Sector:	Number of years:			
Proof of Experiences	Please, provide any document to evidence your company and/or auditors 'experiences related to the designated sectors.				
Dedicated trainings attended within the 3 last years	Please, complete with the designation of each training program	Please, complete with the date of the training certificate (to be attached to this Form)			
	Training:	Date:			
	Training:	Date:			
	If no training attended, please ex	If no training attended, please explain the reasons:			



## 3 AUDITORS SKILL AND COMPETENCIES

For each auditor (internal, external or individual expert) involved in the sector(s)/sub-sector(s) complete the following information and attach to this form the Assessors' curriculum vitae (resume):

Auditor full name	Please, complete with the designation of the accreditation						
Employer designation	<ul> <li>☐ Please, complete with the designation of the employer (your company or subcontractor)</li> <li>or</li> <li>☐ Individual experts</li> </ul>						
Job position							
Experiences	Sector:  Sector:  Number of years:  Number of years:						
Proof of experiences	Please, provide any document to evidence the auditors 'experiences related to their skills and experiences.						
Dedicated trainings attended within the 3 last years	Please, complete with the designation of each training program  Please, complete with the date of the training certificate (to be attached to this Form)						
	Training: Date:						
	Training: Date:						
	If no training attended, please explain the reasons:  VVB'answers:						



# 4 ORGANIZATION AND STRUCTURE REQUIREMENTS

Organization of staff structure	Please, describe how your staff and management is organized to provide services considering multi-clients demands, workloads, employee's back-up in the event of employee's incapacities (sick leaves, resignation,). Explain the resources risks you have identified within your organization and how you will resolve them.  VVB'answers:
Worldwide activities	Please, describe how your company is organize for worldwide activities, with details about countries you do not cover (if any), and specify the country where you use to involving third parties.  VVB'answers:
Determination of the appropriate team	Please, describe your internal process for determination of the appropriate team allocated to the Validation or Verification of a Project.  VVB'answers:
Risk management	Please, describe your risks management activities in relation with your capacities to deliver the Validation/Verification Services. Describe the internal escalation process to resolve internal issues related to validation or Verification Services.  VVB'answers:
Quality Management System	Please, describe your Quality Management System.  VVB'answers:
Last 3 years and pending judicial litigations	Please provide with the topics of the last 3 years or current judicial litigations, and the judicial decision  VVB'answers:
Professional Indemnity Insurance information	Please provide with your insurances certificate of your Professional Indemnity insurance  Name of the Insurer:
	Please provide with your insurances certificate (Professional Indemnity insurance, Damage property insurance, business interruption insurance)



## 5 CONFLICT OF INTEREST AND IMPARTIALITY

Conflict of interest	Please, describe your internal conflict of interest procedure, and attached to this Form any relevant documents
Impartiality	Please, describe how you manage impartiality rule of the auditor, team leader and directory. Detail how you solve any concern about impartiality, and attach to this Form any relevant document
Avoidance of self- review	Please, detail your third eye review management and attach to this Form the internal procedure
Code of ethics	Please provide your code of ethics and engagement procedure for its application.  If ORMEX considers your code of ethics not similar to ORMEX's Code of Ethics,  ORMEX will require you to sign the ORMEX Code of Ethics



## 6 AUDITING PROCESSES

Auditing Processes	Please, describe your auditing processes and associated tools
Clear and well-known auditing processes	Please, describe how the auditing processes are fully known by your staff and management.
Grievance /Complaints procedure	Please, describe how you manage any complaint occurring during a Validation or Verification audit.



## 7 VVB DECLARATION

I, [name of the VVB Authorized Representative], [Position] of [corporate name of VVB], lawfully delegate to complete and sign this Form, 4 hereby:

- ✓ Declare that all information provided in this Form is correct and that there are no commitments preventing [corporate name of VVB] to enter into the VVB Terms and Conditions and to fulfil all related duties and responsibilities associated with the ORMEX Approved VVB status, if I am elected for by ORMEX at the end of the VVB onboarding procedure,
- ✓ undertake to inform ORMEX of any modification of the information provided or provide any necessary additional information, or to disclose to ORMEX any event occurring during the VVB Approval Procedure that preventing [corporate name of VVB] to continue it,
- ✓ Confirm that [corporate name of VVB], to the best of my knowledge, has no identify conflict of interest situation as set forth in ORMEX Code of Ethics, except the Validation or Verification Services that I may performed for the Project Holders in relation with ORMEX STANDARD or other Carbon Credit Program. I undertake to inform ORMEX about any conflict of situation occurring during the onboarding procedure,
- ✓ Confirm that [corporate name of VVB] is an independent third party and has no financial interest in ORMEX,
- ✓ Fully understand that ORMEX can freely refuse [corporate name of VVB]'s application for being an ORMEX Approved VVB, with no liability in relation with its decision,
- ✓ Declare that [corporate name of VVB] operate lawfully and in compliance with applicable laws and regulation, and that there are no other judicial litigations than the ones stated in this Form.

[name	e of th	ie VVE	3 compo	iny]			
[Stam	np]						
[First	and	last	Name	of	the	VVB's	legal
repres	sentat	ive]4					
Positio	on:						
Date:							
Signa	ture						

<sup>&</sup>lt;sup>4</sup> If the signatory is not the legal representative of the VVB company, please provide a relevant power of attorney.



#### **ANNEX**

#### List of documents to be provided and attached to this Form

#### Scanned copies of your International Accreditations

Complete here with the designation of the related documents

#### Company/Group whitepaper describing your company and activities

Complete here with the designation of the related documents

#### Group organization chart

Complete here with the designation of the related documents

#### Company, Affiliate and third-parties organization chart

Complete here with the designation of the related documents

#### Audit department(s) organization chart

Complete here with the designation of the related documents

#### Sectorial scopes expertise

Complete here with the designation of the related documents

### Evidences of Validation or Verification audits performed pursuant to other Carbon Credits Program

Complete here with the designation of the related documents

#### Proof of experiences per auditors (Resumes, diploma)

Complete here with the designation of the related documents

#### Auditors training certificates

Complete here with the designation of the related documents

#### Documents related to your organization and structure

Complete here with the designation of the related documents

#### Documents related to your conflict of interest and impartiality management

Complete here with the designation of the related documents

#### Documents related to your auditing processes

Complete here with the designation of the related documents

#### Other documents

Complete here with the designation of any other documents you would like to provide in addition



#### **DOCUMENT HISTORY**

Please check this table to ensure you are using the latest version of a given document. The document, as updated below, is effective at the Issuance date.

Document reference	SEC/VVB/AFT

Reference/Version	Issuance date	Updates	Status
SEC/VVB/AFT_v0.1	2023_05_17	Initial Draft Version	Under review
SEC/VVB/AFT_v1.0	2023_06_08	Final Version	Approved