



THE AUSTRALIAN OLIVE ASSOCIATION

OliveCare®

(Code of Best Practice)

Initial Application Form, Binding Agreement and Checklist.

(Version 3.3 May 2020)



APPLICANT DETAILS:

(BUSINESS NAME)

(The Applicant) hereby applies to become a Signatory to the Australian Olive Association's **Code of Best Practice (*OliveCare®*)**.

Note: This application form can be used to sign your company/brand up to *OliveCare®* for a range of olive products that are destined to be sold (A) domestically and/or (B) internationally.

Please indicate your preferences: (you may tick more than one box)

A: <u>Domestic Signatory</u> : means that you intend to sell your certified olive products in Australia.
B: <u>Export Signatory</u> : means that you intend to sell your certified olive products internationally.

Applicants must provide their full contact details which is important to enable the AOA to clearly identify and effectively communicate with Code of Best Practice Signatories.

Registered Name of Business:	
ABN/ACN:	
Trading Name:	
Name of Contact Person:	
Postal Address:	
	City State: P/C
Email(s):	
Telephone / Mobile	() /
Website(s):	www.
Grove Address:	
	Town State: P/C

***Note:** Only AOA financial members are eligible to apply to become Signatories to *OliveCare®*.

SIGNATORY UNDERTAKINGS:

Please note by signing the Code of Best Practice Initial Application Form you are agreeing to:

- a) Be bound by all the terms and conditions and obligations of *OliveCare®* as specified in this CODE OF BEST PRACTICE Initial Application Form and Checklist.
- b) Abide by any applicable rules and processes in relation to the use of trademarked logos, certification symbols or other insignia and devices used for *OliveCare®* purposes.
- c) Acknowledge that rights under *OliveCare®* apply only to the Signatory and not to any associated legal entity or business OR other brands owned by the applicant that are not listed below.
- d) Not use the *OliveCare®* logos, Certification Trade Mark (CTM) symbols or other insignia and devices until advised by the *OliveCare®* Administrator.
- e) Cease using The *OliveCare®* Certification Trade Mark (CTM) symbols or other proprietary insignias and devices immediately that you cease being eligible to do so.
- f) Pay the annual *OliveCare®* and AOA membership fees by the due date on the invoice, in order to remain a Signatory.
- g) Have your (*the Signatories*) website and contact details linked to the Australian Extra Virgin (AEV) website and support the principals of quality, provenance and transparency.

PRODUCT/BRAND DETAILS:

OLIVE OIL			
Please declare your Total Olive Oil production for the most recently completed production period. PLUS list all of your (<i>the Signatories</i>) Olive Oil Brands which you intend to apply a CTM symbol to, (both domestic and export brands).		Estimate of Total Olive Oil production (litres) that the CTM symbols will be applied to, identifying domestic and export market volumes separately.	
Total Olive Oil Production (including branded and bulk Olive Oil): _____ Lit YEAR: _____			
Names of Brands (incl. EVOO, VOO and Flavoured Olive Oils)		Domestic litres	Export litres (if applicable)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
BULK OIL – EVOO and VOO destined for bulk sales			
Do you require a Bulk Olive Oil Compliance Certificate?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

TABLE OLIVE PRODUCTS

Please list all your (the Signatories) **Table Olive Product Brands**, which you intend to apply a CTM symbol to, (both domestic and export brands).

Estimate of **Total Table Olive Product** (kilograms) that a CTM will be applied to annually.

Total Table Olive Production (including bulk table olives): _____ kg YEAR _____

Names of Brands (incl. all table olive styles and tapenades)		Domestic kg's	Export kg's (if applicable)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
BULK TABLE OLIVES destined for bulk sales			
	Do you require a Bulk Table Olive Compliance Certificate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

OTHER OLIVE PRODUCTS

Please list all your **Other Olive Product Brands** (eg olive leaf tea, olive leaf extract, bar and liquid soaps, moisturiser and cosmetics, olive oil spreads), which you intend to apply a CTM symbol to, (both domestic and export brands).

Estimate of **Other Olive Product** (kg's) that a CTM will be applied to annually.

Total Other Olive Product Production: _____ kg YEAR _____

Names of Brands		Domestic Kg's	Export Kg's (if applicable)
1.			
2.			
3.			
4.			
5.			
6.			
BULK OTHER OLIVE PRODUCTS destined for bulk sales			
	Do you require a Bulk Other Olive Product Compliance Certificate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APPLICANT DECLARATION:

(Please tick ✓ each box as you read through):

	I have read and understood the <i>OliveCare</i> ® CODE OF BEST PRACTICE MANUAL and the PRODUCT GUIDE(S) and understand the rights, responsibilities and obligations of being a Signatory.
	I have read and understood the HOW TO COMPLETE THE INITIAL APPLICATION FORM, BINDING AGREEMENT AND CHECKLIST document.
	I agree to have my <i>OliveCare</i> ® Code of Best Practice compliant brands and information displayed on the AOA Australian Extra Virgin website.
	I acknowledge that the results of testing of my products may also be displayed on AOA program websites, as required for product quality authentication.
	I have attached copies of my labels that I wish to apply relevant AOA Certification Trade Mark symbols to.
	I have attached copies of my latest product testing results. See QUALITY STANDARDS of the PRODUCT GUIDE for required olive product test results.

Signed:

Date:

(Office Use Only)

Accepted **Date**.....
 For and on behalf of the Australian Olive Association Ltd

CHECKLIST:

PLEASE TICK THE RELEVANT OPTION BELOW: The following questions must be answered after reading “The Product Guide to Code of Best Practice Requirements (the Guide).

Note: OliveCare® is a continuous improvement program, it is not expected that new applicants will be able to tick YES to all elements, but please add comments to indicate current progress on implementing these requirements.

Declaration: I have read and understood:

Section 1 PRODUCT STANDARDS and FAIR TRADING and agree to comply with the FSANZ Food Standards Code; the Australian Standard for olive oil and / or other relevant industry standards; Australian Consumer Law (ACL); State & Territory food, fair trading health and weights and measures laws.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Underway	Comments:
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Section 2: FOOD SAFETY and agree to implement a FOOD SAFETY PLAN consistent with HACCP principles and abide by the Australia New Zealand Food Standards Code.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Underway	Comments:
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Section 3: PRODUCT TRACEABILITY and agree to implement a traceable product batch codes system for domestic sales and to implement an export authenticity system for export sales.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Underway	Comments:
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Section 4: QUALITY REQUIREMENTS and agree to undertake all measures to ensure your product meets the Australian Standard for Olive Oil and Olive Pomace Oil AS5264-2011, The Voluntary Standard for Table Olives in Australia (RIRDC 2012 – Revised January 2020) and/ or other relevant industry standards.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Underway	Comments:
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Section 5: PACKAGING, LABELLING & PRODUCT DISTRIBUTION and agree to (a) label my products in accordance with OliveCare® guidelines and (b) use Certification Trade Mark symbols in accordance with the “conditions of use”.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Underway	Comments:
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Section 6: BIOSECURITY & ENVIRONMENTAL STRATEGIES and agree to implement on-farm biosecurity practice.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Underway	Comments:
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Signed: _____

Date: _____ / _____ / 20_____

Print name: _____

Please complete and sign this checklist, retain a copy for your records and return a completed copy along with the Membership Application Form:

To: The Australian Olive Association Ltd
Attention: Administration Manager
Postal Address: PO Box 3012, Allambie Heights LPO
Allambie Heights NSW 2100
M: 0478 606 145
E: secretariat@australianolives.com.au **Cc:** olivecare@australianolives.com.au

Note: On acceptance of the application by AOA, the new member will be invoiced pro-rata for the period to the end of the current financial year, and again at the commencement of each financial year thereafter.