

**MANCHESTER BETH DIN
KASHRUS DIVISION**

JUBILEE SCHOOL, BURY OLD ROAD, MANCHESTER M7 4QY

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APPLICATION DETAILS

INITIAL: ANNUAL RENEWAL: LAPSED RENEWAL:

APPLICATION DATE _____ EXPIRY DATE OF PREVIOUS
CERTIFICATION: _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ COUNTRY: _____ POST CODE: _____

TELEPHONE: _____ FAX: _____

E. MAIL: _____

APPLICATION
AUTHORISED BY: NAME: _____ TITLE: _____

PURCHASE ORDER NUMBER _____

BRAND NAMES OF PRODUCTS TO BE CERTIFIED:

- | | |
|-----------|-----------|
| (1) _____ | (5) _____ |
| (2) _____ | (6) _____ |
| (3) _____ | (7) _____ |
| (4) _____ | (8) _____ |

NAMES OF PRODUCTS TO BE CERTIFIED:

- | | |
|-----------|-----------|
| (1) _____ | (5) _____ |
| (2) _____ | (6) _____ |
| (3) _____ | (7) _____ |
| (4) _____ | |

(8) _____

IS CERTIFICATION REQUIRED FOR:

EXPORT TO ISRAEL:

EXPORT TO USA:

UK USE:

GENERAL:

IS CERTIFICATION TO BE

INCLUDING PASSOVER:

EXCLUDING PASSOVER:

#####

PLANT AT WHICH PRODUCTS TO BE CERTIFIED IS MADE

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ COUNTRY: _____ POST CODE: _____

TELEPHONE: _____ FAX: _____

E. MAIL: _____

PRODUCTION MANAGER: _____

QC MANAGER: _____

IS ANY PRODUCT TO BE CERTIFIED ALSO MADE AT ANY OTHER SITE:

YES: NO:

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ COUNTRY: _____ POST CODE: _____

TELEPHONE: _____ FAX: _____

E. MAIL: _____

PRODUCTION MANAGER: _____

PLEASE LIST BELOW **ALL INGREDIENTS AND PROCESS AIDS** USED IN THE MANUFACTURE OF THE PRODUCTS TO BE CERTIFIED. IF ANY INGREDIENT OR PROCESS AID IS COVERED WITH KOSHER CERTIFICATION PLEASE SUBMIT A COPY OF THE KOSHER CERTIFICATE.

INGREDIENT OR PROCESS AID	NAME, ADDRESS, TEL NO., FAX NO., CONTACT NAME OF MANUFACTURING FIRM OR, IF NOT KNOWN, SUPPLYING FIRM
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

CONTINUATION SHEET.

INGREDIENT OR PROCESS AID	NAME, ADDRESS, TEL NO., FAX NO., CONTACT NAME OF MANUFACTURING FIRM OR, IF NOT KNOWN, SUPPLYING FIRM
11)	
12)	
13)	
14)	
15)	
16)	
17)	
18)	
19)	
20)	

BRIEF DESCRIPTION OF MANUFACTURING PROCESS

A large, empty rounded rectangular box with a thin black border, intended for the user to provide a brief description of the manufacturing process.

BRIEF DESCRIPTION OF CLEANING PROCEDURES

A large, empty rounded rectangular box with a thin black border, intended for the user to provide a brief description of the cleaning procedures.

ARE ANY OTHER PRODUCTS NOT TO BE CERTIFIED MANUFACTURED USING ANY PART OF THE SAME EQUIPMENT:

YES: NO:

IF **YES** PLEASE LIST BELOW **ALL INGREDIENTS AND PROCESS AIDS** USED IN THE MANUFACTURE OF THESE PRODUCTS. IF ANY INGREDIENT OR PROCESS AID IS COVERED WITH KOSHER CERTIFICATION PLEASE SUBMIT A COPY OF THE KOSHER CERTIFICATE.

INGREDIENT OR PROCESS AID	NAME, ADDRESS, TEL NO., FAX NO., CONTACT NAME OF MANUFACTURING FIRM OR, IF NOT KNOWN, SUPPLYING FIRM
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	

CONTINUATION SHEET

INGREDIENT OR PROCESS AID	NAME, ADDRESS, TEL NO., FAX NO., CONTACT NAME OF MANUFACTURING FIRM OR, IF NOT KNOWN, SUPPLYING FIRM
9)	
10)	
11)	
12)	
13)	
14)	
15)	
16)	
17)	
18)	

ARE ANY OTHER PRODUCTS NOT TO BE CERTIFIED MANUFACTURED ELSEWHERE ON SITE EVEN THOUGH THEY ARE NOT MANUFACTURED IN THE SAME EQUIPMENT AS THE PRODUCTS TO BE CERTIFIED?:

YES: **NO:**

IF **YES** PLEASE LIST BELOW **ALL INGREDIENTS AND PROCESS AIDS** USED IN THE MANUFACTURE OF THESE PRODUCTS. IF ANY INGREDIENT OR PROCESS AID IS COVERED WITH KOSHER CERTIFICATION PLEASE SUBMIT A COPY OF THE KOSHER CERTIFICATE.

INGREDIENT OR PROCESS AID	NAME, ADDRESS, TEL NO., FAX NO., CONTACT NAME OF MANUFACTURING FIRM OR, IF NOT KNOWN, SUPPLYING FIRM
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	

DECLARATION BY THE SIGNATORY TO BE COMPLETED ON BEHALF OF THE COMPANY SEEKING CERTIFICATION.

I, _____
name of signatory in block letters

an officer of the applying company declare that to the best of by belief and knowledge the information given in the return is true and complete .

Signed _____

SECRECY AGREEMENT:

The Manchester Beth Din Convenants and agrees that it will not communicate or divulge to, or use for the benefit of, any other partnership, association, or corporation any of the trade secrets, formulae or secret processes, used or employed by the applying company in or about is business, that may be communicated to the Manchester Beth Din by virtue of this application.

Signed _____ Kashrus Director

NOTE:

Submission and investigation of this application does not entail any commitment on the part of the applicant or of the Manchester Beth Din in any way until agreement for said purpose is duly entered into by both parties.

However, all investigatory costs will be paid by applicant whether or not kosher certification is finally granted. Investigatory costs include an obligatory plant visit by a representative of the Manchester Beth Din.

FOR INTERNAL USE ONLY:

APPLICATION NO. _____ DATE RECEIVED _____

ADA. _____ AD. _____

AF/DATE _____ AFREC/DATE _____