

# APPLICATION FOR KOSHER CERTIFICATION

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ABN: \_\_\_\_\_

COMPANY CONTACT: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

ACCOUNT PAYABLE CONTACT: \_\_\_\_\_

ACCOUNT PAYABLE EMAIL: \_\_\_\_\_

PRODUCT (S) YOU ARE SEEKING CERTIFICATION FOR

\_\_\_\_\_

HAVE ANY OF YOUR PRODUCTS EVER BEEN KOSHER CERTIFIED? YES/NO

IF YES, BY WHOM? \_\_\_\_\_

ARE ANY OF YOUR PRODUCTS CURRENTLY KOSHER CERTIFIED? YES/NO

HOW MANY PLANTS ARE INCLUDED IN THIS APPLICATION?

(Please attach a separate set of forms for each plant)

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The Kashrut Authority covenants and agrees that it will not communicate or divulge to or use for the benefit of any other person, partnership, association or corporation any of the trade secrets, formulae or secret processes used or employed by the company in or about its business that may be communicated to the Kashrut Authority by virtue of this application. Submission of this application does not entail any commitment upon the part of the applicant or of the Kashrut Authority in any way until agreement for said purpose is duly entered into by both parties.

*Everything contained in this application is true and correct to the best of my knowledge.  
The A\$500.00 initial inspection fee is enclosed*

**Signature:** \_\_\_\_\_

**Name & Position:** \_\_\_\_\_





