



# KLBD KOSHER CERTIFICATION

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## QUICK APPLICATION FORM

Company name:		
Address:		
City:	Post Code:	Country:
Phone:	Fax:	
Email:	Web Address:	
Contact Name:	Job Title:	
Direct Telephone No:	Email:	
Address of factory if different from above:		
Do you currently hold Kosher certification? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the factory manufacturing products with:		
Dairy ingredients?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	
Meat ingredients?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	
Grape ingredients?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	
Fish ingredients?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	
Are any products processed or packaged at a different site? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please give us a short description of your products and manufacturing processes:		

Please email this form to [info@klbdkosher.org](mailto:info@klbdkosher.org)

**KLBD do not charge Application Fees. • All information is kept strictly confidential.**

**The submission and assessment of this form is without commitment.**