The orthodox council of kashrut MaHaRa'L
Široká 8 • 110 00 Praha 1 - Josefov
Phone: +420 603 540 540
Fax: +420 274 864 664
E-mail: certification@kosher.cz

APPLICATION FOR KOSHER CERTIFICATION

PRODUCT INFORMATION PAGE

PLANT: **LOCATION:**

A) Please indicate the geographic areas where you plan to market the product(s):

B) Are any of these products also produced in a plant not included in this application? ☐ Yes ☐ No

If yes, where and by whom:

Are any other products produced in this plant? ☐ Yes ☐ No

C) Please provide the following information regarding products for which you are seeking certification

I. Please list the name of each product for which you are seeking certification. Check the appropriate column(s) for Retail or Industrial/Institutional distribution. Please specify if you desire Passover certification

II. Please list each brand name for the product that you are seeking certification. Check the appropriate column(s) to indicate if the brand name is an In-House and / or Private Label

III. For Private Label brand name: Enter the name of the Private Label Company that owns the brand name. On the last page of this application, provide the company name, address and contact name

I. Product Name	Retail	Industrial	Passover	II. Brand Name	In-House	Private Lbl	III. Private Label Company	For Internal Use Only DPMF

For additional products, continue to the next page. If not skip to page 5 (Raw Material Information Page)

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Continuation Sheet

I. Product Name	Retail	Industrial	Passover	II. Brand Name	In-House	Private Lbl	III. Private Label Company	For Internal Use Only DPMF