

## Orthodox Rabbinical Council of British Columbia

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**COMPANY:** 

## REQUEST FOR INGREDIENT APPROVAL

DATE:		-		
PERSON FILLING OUT FORM:				
NAME:	POSITION:			
TEL:	FAX:EMAIL:			
INGREDIENTS TO BE PERMITTE (end products not to be approved)	D IN PLANT ONLY?	☐ YES ☐	NO	
Name of Ingredient – Brand & Lot Numbers (if applicable)	Source	Certification	Expiry	Letter of Certification Attached?
FOR OFFICE USE ONLY				
Approved by:				
Date:				