KC Kosher Certification
GENERAL INFORMATION FORM

KOSHER Certification – Audit Date: **Date auf Supervision**	
Company Name:	
Main Office Address:	
Production Facility:	
(Audit Location and certification place, Production Plant)	
Scope:	
The company produces / products name:	

The list of all raw materials

Content: Please complete the certification from Kosher Agencies (Use additional pages if you need)
Please add a flow chart to your manufacturing process.

1. PRODUCT

Product-Name	Brand-Name	Ingredients Name	Name of the Producer	Name the Kosher Certification Agency	Certificate Expiry Date

2. PRODUCT

Product-Name	Brand-Name	Ingredients Name	Name of the Producer	Name the Kosher Certification Agency	Certificate Expiry Date

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3. PRODUCT

Product-Name	Brand-Name	Ingredients Name	Name of the Producer	Name the Kosher Certification Agency	Certificate Expiry Date

4. PRODUCT

Product-Name	Brand-Name	Ingredients Name	Name of the Producer	Name the Kosher Certification Agency	Certificate Expiry Date

5. PRODUCT

Product-Name	Brand-Name	Ingredients Name	Name of the Producer	Name the Kosher Certification Agency	Certificate Expiry Date

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6. PRODUCT

Product-Name	Brand-Name	Ingredients Name	Name of the Producer	Name the Kosher Certification Agency	Certificate Expiry Date

7. PRODUCT

Product-Name	Brand-Name	Ingredients Name	Name of the Producer	Name the Kosher Certification Agency	Certificate Expiry Date

8. PRODUCT

Product-Name	Brand-Name	Ingredients Name	Name of the Producer	Name the Kosher Certification Agency	Certificate Expiry Date

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9. PRODUCT

Product-Name	Brand-Name	Ingredients Name	Name of the Producer	Name the Kosher Certification Agency	Certificate Expiry Date

10. PRODUCT

Product-Name	Brand-Name	Ingredients Name	Name of the Producer	Name the Kosher Certification Agency	Certificate Expiry Date

11. PRODUCT

Product-Name	Brand-Name	Ingredients Name	Name of the Producer	Name the Kosher Certification Agency	Certificate Expiry Date