



Orthodox Rabbinical Council of British Columbia

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REQUEST FOR PRODUCT APPROVAL

DATE: _____

COMPANY NAME: _____

COMPLETED BY: _____ TEL: _____

FAX: _____ EMAIL: _____

Below please list all ingredients together with source, certification and expiry date, used in the product:

PRODUCT NAME: _____

BRAND NAME: _____

Ingredient	Source	Certification	Is ingredient presently listed in Schedule "B II"	Expiry

Please attach Letters of Certification for each ingredient if not already listed in Schedule "BII" of the Kosher contract.

FOR OFFICE USE ONLY

Approved by: _____

Date: _____