



Orthodox Kosher Supervision

Web: - www.abelge.com Ph.: +90 544 847 47 45,

Mail: - kosher@abelge.com info@abelge.com,

Please fill all details

1. Company Name:

2. Office Address:

3. Production and Facility Address:

4. Contact Person

Name:	
Phone Number:	
Email Address:	

5. What is your factory production? (Product category and name which product needing Kosher Certificate?):

6. Do you interesting in certifying all your products?

Please attached a list of all the products you want to certify.

7. Do you have a list of ingredients and raw materials in your facility?

Please attached the list in an excel file as we sent you.

8. What is the use of product?

9. Are you presently kosher certified? If yes which kosher agency?

10. Do you use one of the following raw materials or ingredients in your products or in your facility?

Ingredients	Yes	No
Grapes		
Grapes juice		
Grapes vinegar		
Wine		
Raisins		
Alcohol		

(Please describe the type of alcohol used in your products :)

11. Do you use any animal parts, fat or leather in your product and anywhere in your factory?

Animal origin ingredients / products / raw materials?		
Animal fat?		
Enzymes?		

12. Do you use any oils in your factory?

Israel Office: Nachal Tzofar 7, Modi'in, 7173568 Israel rabbiod@koshercertified.in

Turkey Office: Adn Certification-Adnan Güder 433 sk no 58 Izmir Turkey +90 544 847 47 45 kosher@abelge.com

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13. Any use of milk or milk products in your factory? (For example: cheese, lactic acids, butter, ghee etc.)

14. Any use in grains or malt in your facility?

15. Any E numbers used in your factory (A code number preceded by the letter E, denoting food additives numbered in according with EU directives):

16. What are other ingredients do you use in any other parts of the factory?

(Please provide detailed list):

17. Are any other products produced in the same facility / same line?

18. We will do surprise visits to your factory from time to time.

Do you have any objections?

Please attach the list of ingredients used if your factory

Name:.....

Signature:.....

Date:.....

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