



*Ελληνική
Εταιρεία
Κοιλιοκάκης*

Πανελλήνιος Σύλλογος
Πασχόντων από Κοιλιοκάκη

Gluten-free Product Declaration Form for New Licenses & License Renewals



I declare that the products I am submitting comply with the Commission Implementing Regulation (EU) No 828/2014

Signature	
Date	

1. Company details

Company name	
Company address	
Registered company name <i>(if different from the above)</i>	
Registered company address <i>(if different from the above)</i>	
Registered company number	
Your name	
Your job title	
Contract signatory name <i>(if different from the above)</i>	
Contract signatory job title <i>(if different from the above)</i>	
Your telephone number	
Your email address	
Company website address	
Company telephone number <i>(customer facing)</i>	

PR Agency or Marketing Contact Details

Agency Name	
Contact Name	
Telephone no.	
Email Address	
Facebook/Twitter	

Accounts Payable Contact Details

Contact Name	
Telephone no.	
Email Address	
Company VAT number (if applicable)	
Purchase Order Number (if applicable)	

2. About your company turnover

You only need to declare the turnover and exports for gluten free products that are manufactured under your brand name and not any turnover for products that you contract manufacture for other brands. Please declare in EUR (€).

Annual turnover of gluten-free products within Greece	
Annual turnover of gluten-free products within Europe, excluding Greece (<i>if applicable</i>)	
Percentage of business turnover within Europe, excluding Greece	
Annual turnover of gluten-free products outside of Greece and Europe (<i>if applicable</i>)	
Percentage of business turnover outside of Greece and Europe	
Total percentage exports	

3. About your products:

3a. Herein I am applying for (please tick):

A new license

A license renewal

3b. Please list the product/s that you wish to license with the Crossed Grain Trademark (CGT) and indicate which of the categories the product falls under. Tick all that apply and provide a **valid test certificate** for each product.

3c. Please complete the attached "Product declaration spreadsheet" for all of the products that you wish to license.

Be sure to note the date that you want the license to start (must be the 1st of the month) and where the products will be available (for example nationwide, locally, supermarkets, health food shops, mail order etc)

Product Brand Name*	Description	max. or less than 20 ppm gluten content	Contains OATS

* Please ensure that you add the brand name particularly if it is different to the company name

Please return to the Hellenic Coeliac Society koiliokaki@gmail.com

Issued by the Association Of European Coeliac Societies – AO ECS

4, Rue de la Presse, B-1000 Brussels, Belgium www.aoecs.org

Date on which you would like the licence to start <i>(must be the 1st of any month)</i>	
Date on which your products become available to consumers	
Where will your products be available? <i>(For example, nationwide, locally, supermarkets, health food shops, online shops, etc.)</i>	

4. Where your products will be available outside of the country of your company's headquarters (Greece)?

Country	Percentage Export
Andorra	
Austria	
Belgium	
Croatia	
Cyprus	
Czech Republic	
Denmark	
Estonia	
Finland	
France	
Germany	
Greece	
Hungary	
Ireland	
Italy	
Luxembourg	
Malta	
Netherlands	
Norway	
Poland	
Portugal	
Romania	
Russia	
Serbia	
Slovakia	
Slovenia	
Spain	
Sweden	
Switzerland	
Ukraine	
United Kingdom	
Other European countries (please specify)	

If you are exporting to countries **outside of Europe**, you will require a different licence – a Global Licence. For more information, please inform the Hellenic Coeliac Society and we will bring you on contact with the relevant licensing agency.

5. Testing and audit regime

5a. Please note that in order to be eligible for the CGT, you must undergo either the audit against the AO ECS Standard, or the Audit against the GFCP + AO ECS Position Statement. Please confirm which audit(s) your manufacturing facilities have: (please tick)

- Audit against the AO ECS Standard
- Audit against the GFCP + AO ECS Position Statement

5b. How many manufacturing sites do you use for your gluten free products?

5c. Which scenario best describes how you manufacture your gluten free products? (please tick)

- All of our products are manufactured in our own factory
- Some of our products are manufactured in our own factory and some by a contract manufacturer
- All of our products are manufactured by a contract manufacturer

5d. How frequently does your business have the following types of food safety audit?

Audit Type	Type (e.g. BRC) and Frequency
Audits carried out by an independent third party auditing company or certification body	
In-house audits, e.g. by your own Food Safety or Quality Assurance Team	
Enforcement audit, e.g. by an Environmental Health Officer	
Other (please specify)	

5e. How frequently does your business perform the following types of gluten analysis?

Testing method	Frequency
Third party independent laboratory testing	
In house laboratory testing	
Swab testing for cleaning validation	