

Crossed Grain Certification Application Form



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

Signature	
Date	

By completing and returning this form to Coeliac UK you are agreeing for us to use your data to process this form. Our commitment to you is that we will respect any data you share with us, and keep it safe. For further information please consult our [privacy policy](#).

[1]

Please return to the Licensing Team: licensing@coeliac.org.uk or Coeliac UK, 3rd Floor Apollo Centre, Desborough Road, High Wycombe, Bucks, HP11 2QW

Form XG EU non UK 2019 V1

1. Your company

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

Marketing Contact Details:

Contact Name	
Telephone no.	
Email Address	
Facebook/ Twitter	

Accounts Payable Details:

Contact Name	
Telephone no.	
Email Address	
Company VAT number (if applicable)	
Is a PO number required on invoice?	

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2. 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 GBP (£) or EUR (€).

Annual turnover of gluten-free products inside Company HQ Country	
Annual turnover of gluten-free products within Europe [excluding Company HQ Country]	
Annual turnover of gluten-free products outside of Europe (if applicable)	
Percentage of business turnover outside of Europe	

3. Your products

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

Date on which you would like the licence to start (must be the 1st of the month):

Where will your products be available from? (For example, nationwide, locally, supermarkets, health food shops, mail order etc)

4. Where your products will be available

Please list which countries these products are available in:

[3]

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5. Testing and audit regime

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

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

Please confirm which audit(s) your manufacturing facilities have:
(please tick)

- BRC
 BRC with Additional Module 12 for Gluten Free Foods
 Audit against the AOECs Standard
 Other - Please indicate which audit(s) you currently hold:

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)	

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	

[4]

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