**MANUFACTURER’S DECLARATION**

* Manufacturer details (name, address)
* Registration Number of manufacturing establishment
* Declaration: The undersigned ..…(name)…….who is the manager of production of the plant ......(name)…., situated in ….(name of region)… declares that:

- the products……(name of sauces)………………….., contain dairy ingredient produced exclusively from milk of Greek origin.

- name of dairy ingredient…………………., type of milk (e.g. cow’s, goat’s, sheep’s)…………

- All the dairy ingredients are produced from pasteurized milk (72°C - 15sec) which appears negative reaction of Phosphatase Test)

PRODUCTS:

|  |  |  |  |
| --- | --- | --- | --- |
| name |  |  |  |
| weight of package |  |  |  |
| production date |  |  |  |
| expiry date |  |  |  |
| description of packaging |  |  |  |

* No Invoice
* No Container
* Ship name / Number of Flight
* Flag
* Voyage No

Signature of Production manager

company stamp