

## Schedule B

# Glycemic Index Symbol Program Application Form COMMERCIAL IN CONFIDENCE

This is an application to Glycemic Index Foundation for a licence to be granted, or renewed, for the product(s) listed on page 2 of this form.

### APPLICANT DETAILS

(Please type if possible)

**Parent Company** (if applicable)

**Company Name**

**Trading As** (if applicable)

**ABN** (if applicable)

**Postal Address**

**Street Address**

**Details**

**Ph:**

**Fx:**

**Email:**

**Web:**

**Contact Name**

**Contact Position**

**Contact Details**

**Ph:**

**Fx:**

**Email:**

**Territory applied for**

**Distributor** (if applicable)

**Date of Application**

### TO ACCOMPANY APPLICATION FOR NEW PRODUCTS (not applicable to renewals)

- GI data including any GI testing report(s). The product(s) must not have been reformulated since the GI testing.
- Nutrient content information (eg nutrition information panel or nutritional analysis results).

Send completed application form, one sample, promotional material, GI report and nutritional data to:

**Ms Pam Longstaff**

PO Box 183, St Leonards, NSW, Australia, 1590. Ph: +61 2 9966 0400; Fax: +61 2 9966 0172

## Products for which a Licence with Glycemic Index Limited is Requested

Product Brand Name	Product Description (including category as described in 'Nutrient Criteria')	Gross Annual Sales (AUD\$) (ex-factory or warehouse)		Place of manufacture	Has this product been formulated or reformulated to meet the nutrient criteria? (yes or no)	Date product expected to be in market
		12 Months prior to Date of Application	Budgeted for 12 Months from Date of Application			

**Any other relevant information:**

### Declaration

I confirm that no product listed above has undergone reformulation since the GI testing as indicated in the attached documents

YES	NO
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*Please delete as applicable*

I confirm that all products listed above comply with all relevant legislation and codes of practice in relation to their manufacture, distribution, labelling and advertising.

YES	NO
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*Please delete as applicable*

Dated: \_\_\_\_\_ Authorised Person: \_\_\_\_\_ *Signature required on hard copy*