

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*