

Recipe owner

Company

FiBL customer ID (if applicable)

Street

ZIP code, Town, State

Contact person

Phone

E-mail

Letter of Access

x I hereby grant the following access authorization.

Company

Company name of owner of the product recipe

FiBL customer ID (if applicable)

Address of owner of the product recipe

Product-, Recipe owner of the product

Product name at the owner of the recipe

hereby authorises the company

Company name of distributor

Address of distributor

To distribute the above mentioned product under the name

Products name at the distributor

We have been assured that the product, manufactured by us, will be marketed unchanged.

We also confirm that we will immediately inform the above-mentioned distributor in case of changes in the formulation of the product.

In case we also publish the product in the Organic Input List and the release is withdrawn by FiBL Projekte GmbH, we are obliged to inform the above named distributor.

The document has to be returned with a handwritten signature!

Place

Date

Name of the sender

Company name

Signature of the sender