# AGW Multi ingredient product specification form (MIPS)

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| --- | --- | --- | --- | --- | --- |
| **Company name** |  | | **Date** |  | |
| **Company address** |  | | **Form number (optional)** |  | |
| **Product name** |  | | | | |
| **Brand name** |  | This is an update of a previously submitted specification form | | |  |
| **Is this product bulk or retail?** |  |
| **If you are the brand holder, and use another company to make this product for you, please detail their name and address…** | | | | | |
|  | | | | | |
| Please check the box if your subcontractor intends to apply the AGW logo to this product(s) | | | | |  |
| **If you are a subcontractor and make this product for another business please enter their name and address…** | | | | | |
|  | | | | | |
| **Please give a brief description of the production and or manufacturing process…** | | | | | |
|  | | | | | |
| **Please confirm you have enclosed the Non-GMO declarations from your suppliers if the product contains ingredients listed in Annex 1 of the Certified Non-GMO standards.**  **I have attached the declarations with this MIPS** | | | | | |

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| **Declaration** (sign after completing your product specification page) | | | | | | | |
| To the best of my knowledge, all the information supplied in this product specification and supporting documentation is accurate. We have made no further additions to any of the ingredients or additives as they are originally supplied. | | | | | | | |
| Signature |  | Name |  | Date |  | I have completed this form electronically and confirm I am in agreement with the declaration above |  |

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| **Product Ingredients**  Descending order by weight (lbs/oz) | **Weight**  (lbs/oz) | **% of total** | **Status**  (AWA Certified, non-AWA Certified, non-GMO Certified) | **Supplier of ingredient** |
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| **Total weight:** (lb/oz) |  | **100%** |
| **Expected yield:** (%) |  |  |

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| **Non-agricultural ingredients** (e.g. water, salt, selected additives) | **Weight (lbs/oz)** | **Supplier** |  | **Additional comments:** |
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| Office use: | **MIPS approved** | Reviewer initials: | Date: | **Labels approved** | Reviewer initials: | Date: |