



# ALLERGEN CONSULTATION / ASSESSMENT ACCEPTANCE NOTE

Please complete the applicable sections of this document and return it to us by email. By completing and submitting this Acceptance Note it is confirmed that: (a) you agree for FACTS to complete the tasks quoted for and (b) the Terms & Conditions ([click here](#)) have been read, understood and are agreed to.

## COMPANY DETAILS:

Date \_\_\_\_\_  
Company name \_\_\_\_\_  
Physical address \_\_\_\_\_  
Technical contact person \_\_\_\_\_  
Position within company \_\_\_\_\_  
Email \_\_\_\_\_  
Tel / mobile number \_\_\_\_\_  
Accounts contact person \_\_\_\_\_  
Email \_\_\_\_\_  
Tel / mobile number \_\_\_\_\_  
VAT registration number \_\_\_\_\_  
Quotation number \_\_\_\_\_  
Purchase order number \_\_\_\_\_

## SERVICE REQUEST FORM:

Allergen Consultation       Allergy Control Plan Assessment       Allergen Risk Assessment

## ALLERGEN CONSULTATION / ASSESSMENTS

Reason for consultation / assessment? \_\_\_\_\_

On-site or remote \_\_\_\_\_ Date (on-site visit) \_\_\_\_\_  
Scope (product / processes) \_\_\_\_\_  
Feedback report requested \_\_\_\_\_

## GENERAL COMMENTS

PLEASE CONTACT US IF YOU HAVE ANY QUERIES REGARDING THE SERVICES WE OFFER.  
WE LOOK FORWARD TO ASSISTING YOU TO ACHIEVE YOUR OBJECTIVES.

PLEASE CONSIDER THE ENVIRONMENT BEFORE PRINTING THIS DOCUMENT