**BRCGS Gluten-Free Certification Program**

**Issue 3 Consultation Feedback Form**

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| Name: |  |
| Email Address: |  |
| Company: |  |
| Country:  |  |

Please note that you can insert more rows into the table if you have more comments.

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| **Protocol Element** | **Comment** |
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If you have comments about a specific clause or requirement within the draft, please include the reference number and comment in the table below.

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| **Requirement**  | **Comment** |
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Please return to enquiries@brcgs.com or attach it to the link by **24th February 2023.**