|  |  |  |  |
| --- | --- | --- | --- |
|  | **FOOD AND DRUGS AUTHORITY** | **DOC. TYPE: FORM** | |
| **DOC NO.: FDA/APD/FOR-15** | |
| **Page 1 of 2** | **REV. NO.: 00** |
| **TITLE: MEAT/FISH PROCESSING FACILITY LICENSING FORM** | | | |

# 1.0 PARTICULARS OF APPLICANT

1.1 Name of Applicant: …………………………………………………………………………….………….

1.2 Telephone number(s):………………………………………………………………………….………….

1.3 Postal Address: ………………………………………………………………………………..……………

1.4 E-mail: …………………………………………………………………………………………..……...……

# 2.0 INFORMATION ON FACILITY

2.1Name of Facility: ………………………………………………………………………….………………..

2.2 Physical location of Storage Facility/GPS Address:…………………………….……………..

…………………………………………………………………………………………………………………………….

2.3 Complete the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of raw material** | **Source/Company** | **Location** | **Telephone no.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2.4 Type of Equipment: …………………………………., ……………………………………..,

……………………………, ……………………………….., …………………………………..,

…………………………………., ………………………………….., ……………………………………….

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FOOD AND DRUGS AUTHORITY** | **DOC. TYPE: FORM** | |
| **DOC NO.: FDA/APD/FOR-15** | |
| **Page 2 of 2** | **REV. NO.: 00** |
| **TITLE: MEAT/FISH PROCESSING FACILITY LICENSING FORM** | | | |

# 2.5 Indicate other Branches if any and their Locations using Landmarks and GPS Address

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Branch** | **Physical Location** | **GPS Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# DECLARATION

I, ………………………………………………………………………… hereby, confirm that the information provided above is true to the best of my knowledge.

Signature ……………………….. Position………………………… Date…..../….…../....…

DD/ MM / YY

**NOTE: The Licence is valid for one (1) year.**

**Please sketch or attach directions to the meat/fish processing facility, indicating landmarks, if any.**