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|   | **FOOD AND DRUGS AUTHORITY**  | **DOC. TYPE: FORM**  |
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| **TITLE: SLAUGHTERING FACILITY LICENSING FORM**  |

# 1.0 PARTICULARS OF APPLICANT

1.1 Name of applicant: ………………………………………………………………………

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

1.3 Postal address: …………………………………………………………………………..

1.5 E-mail: …………………………………………………..….………………………………

# 2.0 INFORMATION ON FACILITY

2.1 Name of company: ……………………………………………………………………….

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

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

2.4 a) Name of Contact Person on site: ………………………….………………………………………

 b) Position:………………………… c) Telephone number(s)………….…………..…………..

2.5 a) Name of Stationed Veterinary Officer: ……………………..…………………..…………..

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

2.6 Capacity of Slaughtering facility: …………………………………………………………..………

2.7 Types of animals slaughtered at the facility:

 i)…………….……………… ii)………………………… iii) ………………………………... iv)…………………………… v)………………………… vi) ………………………………..…

2.8 Source of animal: farm  market 

2.9 Mode of singeing: …………………………………………………………………..

2.10 Mode of meat transportation: …………………………………………………………..

2.11 Indicate other **Branches if any** and **their Locations using Landmarks** and

#  GPS Address

|  |  |  |  |
| --- | --- | --- | --- |
| **No**  | **Branch**  | **Physical Location**  | **GPS Address**  |
|  |  |  |  |
|  |  |  |  |
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# 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 attach any other documents and sketch directions to the slaughtering facility, indicating landmarks, if any.**