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|   | **FOOD AND DRUGS AUTHORITY**  | **DOC. TYPE: FORM**  |
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| **TITLE: WAREHOUSE 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: ………………………………………………………………………….………….

2.2 Tel. No(s) (if different from 1.2 above): ………………………………………………………..

2.3 E-mail: ………………………………………………………………………………………………….…….

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

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

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

 b) Position:……………………………………..

2.6 Types of food products to be stored:

 i)…………….……………………….. ii)………………………………………

# 2.7 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 warehouse facility, indicating landmarks, if any.**