



FOOD AND DRUGS AUTHORITY

DOC. TYPE: FORM

DOC NO.: FDA/APD/FOR-10

Page 1 of 3

Ver. No.: 01

Effective Date: 31/01/20

TITLE: SLAUGHTERING FACILITY LICENSING FORM

1.0 PARTICULARS OF APPLICANT

- 1.1 Name of applicant:
- 1.2 Telephone number(s):
- 1.3 Postal address:
- 1.4 E-mail:

2.0 INFORMATION ON FACILITY

- 2.1 Name of company:
- 2.2 Capacity of slaughtering facility:
- 2.3 Number of animals slaughtered per day:
- 2.4 Number of workers:.....
- 2.5 Physical location of facility (Landmarks/GPS Address):
-
- 2.6 a) Name of contact person on site:
- a) Position:..... c) Telephone number(s).....
- 2.7 a) Name of stationed Veterinary Officer:
- b) Telephone number(s):

2.8 Complete the table

No	Type of animal	Source			GPS Address of source
		Farm	Market		
			Local	Imported	

Attach additional list of products if space provided above is not enough.

- 2.9 Mode of singeing:
- 2.10 Mode of meat transportation:



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

No	Branch	Physical Location (Area)	GPS Address of facility

Attach list of other branches if space provided is not enough.

DECLARATION

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

Signature Position..... Date...../...../.....
dd / mm / yy

Please note, false information provided can lead to the rejection/cancellation of your application.

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

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Please sketch and attach directions to the slaughtering facility, indicating landmarks, if any.