**FDA/FSMD/ FM-FHP/2013/02**



**FOOD SERVICE ESTABLISHMENT LOCATION**

1. Name of Facility: ……………………………………………………………….……………………………
2. Contact Number: (Landline)……………………….…… Mobile: …….…………………………….
3. Postal Address: ………………………………………………………………..………………………………
4. Contact Person: …………………………………………………………..…………………………………

1. Position: ………………………………..……………Tel: ……………….…….…………………………….

Please sketch or attach exact direction to your facility, indicating landmarks, if any