

 <small>Your Well-being, Our Priority.</small>	<b>FOOD AND DRUGS AUTHORITY</b>	<b>DOC. TYPE: FORM</b>	
		<b>DOC NO.: FDA/FER/FOR – 02</b>	
		Page 1 of 3	<b>Ver. No.: 02</b>
		<b>Effective Date: 13/09/2024</b>	
<b>TITLE: APPLICATION FOR THE REGISTRATION OF IMPORTED FOOD PRODUCTS</b>			

### 1. DETAILS OF IMPORTER (Company importing food Product (s))

Name of Importer:	<input style="width: 95%;" type="text"/>		
Postal Address:	<input style="width: 95%;" type="text"/>		
Telephone:	<input style="width: 25%;" type="text"/>	Email:	<input style="width: 60%;" type="text"/>

### 2. DETAILS OF MANUFACTURER (Producer of the Food Item (s))

Name of Manufacturer:	<input style="width: 95%;" type="text"/>		
Physical Location Address of manufacturing site	<input style="width: 95%;" type="text"/>		
Telephone:	<input style="width: 25%;" type="text"/>	Email:	<input style="width: 60%;" type="text"/>

### 3. DETAILS OF APPLICANT (The Product/Brand Owner)

Name of Applicant: (Company Name)	<input style="width: 95%;" type="text"/>		
Company TIN Number:	<input style="width: 95%;" type="text"/>		
Postal Address:	<input style="width: 95%;" type="text"/>		
Telephone:	<input style="width: 25%;" type="text"/>	Email:	<input style="width: 60%;" type="text"/>
Contact Person Name:	<input style="width: 95%;" type="text"/>		

### 4. DETAILS OF THIRD-PARTY REPRESENTATION (WHERE APPLICABLE)

Name:	<input style="width: 95%;" type="text"/>		
Business Address:	<input style="width: 95%;" type="text"/>		
Tel:	<input style="width: 25%;" type="text"/>	Email:	<input style="width: 60%;" type="text"/>
Contact Person:	<input style="width: 95%;" type="text"/>		



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**5. INFORMATION ON PRODUCT**

Brand Name:

Product Description:

Variants (if any):

Yes:

☐

No:

☐

Type of Packaging:

Primary Packaging:

Secondary Packaging:

Recommended Storage  
& Handling Condition:

Shelf-Life:

Best Before/  
Use By/Expiry  
Date:

Country of Origin:

Labelling Language:

Batch Number:

Number of Samples  
Submitted:

Type of Samples  
Submitted

☐

Final Samples

☐

Mock Samples

(Please tick the box that  
Applies)

Unit Size (s)  
Volume or Weight)

Raw materials/  
Ingredients:

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## 6. TYPE OF APPLICATION (Please tick the box that applies)

☐

New

☐

Renewal

For Renewal Applications: Have any modifications been made to the product/production since the last registration?

(Please tick the box that applies, and briefly describe the modifications accordingly)

☐

No Changes

☐

Yes, labels

☐

Yes, location of manufacturing facility

☐

Yes, Product Formulation

## 7. DECLARATION

I Hereby, declare that the above information is correct to the best of my knowledge.

Name:

Signature:

Position:

Date:

**NB: Please attach the following documents:**

1. Copy of Business Registration Certificate
2. Certificate of Analysis (per product and variant), Sanitary or Phytosanitary Certificate (where applicable), and Radiation Certificate (where applicable)
3. Details of any investigations carried out to determine whether or not ingredient(s) used in Manufacturing/processing the product is injurious to health
4. Model Labels (per product and variant)
5. Copy of previous Registration Letter or Certificate
6. **Power of Attorney is not a requirement for food product registration application**