



**FOOD AND DRUGS AUTHORITY**

**DOC. TYPE: FORM**

**DOC NO.: FDA/APD/FOR-12**

Page 1 of 3

**Ver. No.: 01**

**Effective Date: 31/01/20**

**TITLE: WAREHOUSE (EGGS AND PIG FEET) 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 The size of facility: .....

2.3 Number of workers: .....

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

2.5 E-mail: .....

2.6 Physical location of storage facility (Landmarks/GPS Address):  
.....  
.....

2.7 a) Name of contact person on site: .....

b) Position: .....

2.8 Types of food products to be stored:

i).....

ii).....

2.9 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 above is not enough.

This documented information is a property of Food and Drugs Authority. Disclosure of the contents to any third party without written consent of the Authority is forbidden.



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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

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

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

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***Please sketch and attach directions to the warehouse, indicating landmarks, if any.***