



**APPLICATION FORM FOR REGISTRATION OF HIGH RISK FOOD FOR
SPECIAL NUTRITIONAL PURPOSE**

1.0 Particulars of food

1.1 Brand Name:

1.2 Common name.....

1.3 Brief description of the physical characteristics of the food (form, colour etc).....
.....

1.4 Brief description of the use of the food (for direct human consumption/food raw material).....

1.5 Intended end user (infants, young children, pregnant women, immune compromised, old age, diabetic, general population. State any other conditions or contraindications if any)...
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.....
.....

1.6 Type of materials for the packaging container and liner if any
.....
.....

1.7 Type of materials for cap/crown/closure/seal and liner if any
.....
.....

1.8 Retail packaging unit in weight or volume or number
.....

1.9 Shelf life (month).....

- 1.10 Shelf life after opening of container.....
- 1.11 Instructions for use
- 1.12 Recommended storage conditions before opening
.....
- 1.13 Recommended storage conditions after opening
.....

2.0 Particulars of applicant

- 2.1 Name (company/person).....
- 2.2 Name of the country where the company was incorporated (Provide registration certificate).....
- 2.3 Physical address (plot/block No./street/Village/district/region.....
.....
.....
- 2.4 Postal Address.....
.....
- 2.4 Country of origin (food to be imported).....
- 2.5 Telephone.....
- 2.5 Fax.....
- 2.6 E-Mail.....
- 2.7 Name of the would be importer (in case of food for importation)
.....

3.0 Particulars of manufacturer

- 3.1 Name (company/person).....
Name of the country where the company was incorporated
.....(provide registration certificate].
- 3.2 Postal Address.....
- 3.3 Physical address (country, town/city, street
- 3.4 Phone.....
- 3.5 Fax
- 3.6 E-Mail.....

5.0 Ingredients used

List ingredient in descending order of proportion, quantities per unit of measurement of the food and purpose of use

5.1 Main ingredients

S/N	Name	Proportion (e.g. %, ppm, unit/mass or volume)	Purpose of use

5.2 Food additives

S/N	Name (Specific, common, chemical, technical) or E-number	Level (e.g. %, mg/kg or unit/mass or volume)	Purpose of use

6.0 Certification by the applicant

I,
 The(position in the company)
 and a duly authorised representative of

do hereby certify that all the information filled in this form and all the accompanying documents are true and correct to the best of my knowledge and confirm that the information referred to in this application is available for proof.

Signature.....

Date.....

Official Stamp/Seal.....

.....

For official use only

Name of receiving officer.....

Date:.....