



APPLICATION FORM FOR GMP AND/OR HACCP CERTIFICATION

Date : \_\_\_\_\_

To : The Food Development Center, FTI Complex, Taguig City
Fax Nos.: (632) 838-4692, 838-4016

We wish to apply for:

- Good Manufacturing Practices (GMP) Certification
Hazard Analysis Critical Control Point (HACCP) Certification for the following products:

We are amenable to comply with the requirements indicated in the enclosed document on "GMP and/or HACCP Certification Procedures and Fees".

1. Company Name:
2. Office Address:
3. Plant Address:
4. Telephone No., Facsimile No., E-mail Address:
5. Type of products being manufactured in the Plant for which GMP Audit/Certification is requested:
6. Size of plant: Please check one of the indicators below.
7. Duration of daily operation: Please check one of the indicators below.
8. Company official authorized to represent company in the program
Please return this form by fax at (632) 838-4692 or 838-4016 or by mail to The Food Development Center, FTI Complex, Taguig City