

SCHEDULE

FORM A

(Regulation 3)

THE PROCESSED FOOD ACT

APPLICATION FOR REGISTRATION OF AN ESTABLISHMENT

Name of establishment

Address

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Full name of operator of the establishment

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Address

.....

Prescribed food(s) which it is proposed to manufacture in the establishment

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Has the Establishment been operated before? if so, state –

(a) last date (or period) of operation

(b) the prescribed food(s) which was/ were manufactured

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Signature of operator of the establishment

Date