

5 Cold room facility (if available) : (a) Ice No of unit (s) : _____ Capacity (tonnes) : _____
(b) Fish No of unit (s) : _____ Capacity (tonnes) : _____

7 Particular of workers (food handler) :

(a) Have the workers been medically examined in accordance to the 'Guideline for Medical Examination for Food Handlers in Fishery Product Industries in Malaysia' which is available at the website <http://fsq.moh.gov.my>?

Yes No

If Yes, please attach the names of workers and the copies of their medical examination reports as in Appendix II of the guideline.

(b) Have the workers attended any training on basic hygiene?

Yes No

If Yes, please attach the names of workers, name and date of training; name of trainer and training institution.

8 Please submit the following documents:

- (i) Supportive document of land ownership status
- (ii) Relevant document related to hygiene control and monitoring programme i.e Standard Operating Procedures/Good Hygiene Practice Manual

(C) APPLICANT DECLARATION

I hereby declare that :

- (i) All information given in this application form is true;
- (ii) Have fulfilled the EU requirements during and after fish landing.

Applicant signature : Date :

Name of applicant :

Official stamp :

* Please return completed application form to :

Director,
Marketing Division,
Fisheries Development Authority of Malaysia (FDAM / LKIM),
Level 2, Menara Olympia,
Jalan Raja Chulan,
50200 Kuala Lumpur.

Tel : 03-26177124

Faks : 03-20708713

(D) FOR OFFICIAL USE (to be completed by FDAM/LKIM Inspector)

Please tick (√) and fill up the information

1 Acceptance date :

2 Official verification date :

3 Inspection result : (a) Complying and recommended to be approved
(b) Non-complying and inform the applicant

Remarks : _____

4 Inspection report attached :

Officer signature : Date :

Name of officer :

Official stamp :

(E) FOR OFFICIAL USE (to be completed by FDAM/LKIM Divisional Director)

Please tick (√) and fill up the information

1 Approval status : (a) Approved
(b) Not approved

Remarks : _____

Officer signature : Date :

Name of officer :

Official stamp :