



FISHERIES DEVELOPMENT AUTHORITY OF MALAYSIA
 MINISTRY OF AGRICULTURE & AGRO-BASED INDUSTRY

APPLICATION FORM FOR THE APPROVAL OF FISH LANDING SITE IN THE EUROPEAN UNION (EU) SUPPLY CHAIN

Category Of Application Landing only Landing and Sorting Landing and Preparation of Fish

Please tick (✓) and fill up the information

(A) COMPANY / OPERATOR INFORMATION

1 Name of applicant : _____

2 New NRIC No. : **Old NRIC No.** :

3 Name and address of company : _____

Postcode : **City** : _____

4 Correspondence address : _____
(if different from the above)

Postcode : **City** : _____

5 Telephone No. (office) : -

6 Fax No. (office) : -

7 e-Mail address : _____

8 Name and address of fish landing site : _____

Postcode : **City** : _____

(B) FISH LANDING SITE INFORMATION

1 Status of land ownership : Private property Lease
 Temporary Occupying Licence (TOL) Others (please specify) _____
 * Please attach the supportive document of land ownership status

2 Type of activities : Loading / Unloading Boxing / Packaging
 Sorting / Grading Others (please specify) _____

3 Source of water supply : (a) Pipe water Yes No
 (b) Others (please specify) Rain River Mines Underground water

4 Source of ice supply : (a) Produced on site Yes No
 (must approved by Ministry of Health)
 (b) Ice supplier (please specify name and address) _____

5 Estimated volume of water used : _____ meter cube (m³) per day

6 Cold room facility : (a) Ice No of unit (s) : _____ Capacity (tonnes) : _____
 (if available)
 (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 name of workers and the copy of medical examination report as in Appendix II of the guideline.*

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

Yes No

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

8 Particular of hygiene practices :

(a) Has the fish landing site implemented any hygiene control and monitoring programme?

Yes No

** If Yes, please attach the relevant document that describes the procedures for conducting the landing site hygiene control and monitoring programme (i.e Standard Operating Procedures/Good Hygiene Practice Manual)*

(C) APPLICANT DECLARATION

I hereby declare that all information given in this application form are true.

Applicant signature : Date :

Name of applicant : Official stamp :

Designation of applicant :

* Please return completed application form to :

Director-General,
 Fisheries Development Authority of Malaysia (FDAM / LKIM),
 Level 5, Wisma LKIM,
 Jalan Desaria,
 Kampung Pulau Meranti
 47120 PUCHONG
 (Attn: Director of Fish Landing Control & Monitoring Division)

Tel :

Faks :

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

Please tick (√) and fill up the information

1 Application receipt 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 :