

MALAWI BUREAU OF STANDARDS

QUALITY ASSURANCE DEPARTMENT

APPLICATION FOR DESIGNATION OF PREMISES AS FOOD PROCESSING UNIT

FORM QASD/CID/F/01-01-01 B

NB: completion/submission of this form does not imply authorization to start use/distribution/sell product (s) or provide any services covered by the Malawi Standards

Please return by _____		
TO: MALAWI BUREAU OF STANDARDS, P.O. BOX 946, BLANTYRE TELEPHONE: 01 870 488 TELEFAX: 01870 756		
1. Name of Firm : _____ Registration nr (Register General- to be attached) : _____ MRA nr _____ Postal Address : _____ City: _____ Street name : _____ Plot nr: _____ Telephone : _____ Email: _____		
2. Factory /Premises address (if different from above): 1. Name of Factory: _____ Postal Address : _____ City: _____ Street name : _____ Plot nr: _____ Telephone : _____ Email: _____		
3. Name and title of person responsible for hygienic conditions in the applicant's factory/premises. 3.1 Name: _____ 3.2 Title : _____		
4. Food Commodity / Commodities produced or services handled 4.1 Brief description ¹ : _____ 4.2 Trade mark(s) (if any): _____		
5. Application fee: Amount MWK _____ Cheque nr _____ MBS Receipt Number _____		
6. Declaration 6.1 I/We hereby apply designation to use on the above named factory/premises as food processing unit for the manufacture/processing of the specified food commodity/commodities in accordance with the requirements of MBS 21 –Code of hygienic conditions for food and food processing units. 6.2 I/We undertake to observe the requirements of the Malawi Bureau of Standards Act (Cap 51:02), the Orders and Regulations framed there under, and the conditions relating to the designation of my/our food factory and to settle all fees as prescribed by the Malawi Standards Board. 6.3 I declare that I have understood and accept all certification conditions as provided in the scheme of supervision Signature (Chief Executive) _____ Capacity: _____ Name in full: _____ Date: _____		
7.0 MBS officer receiving the application: Name _____ Designation _____ Signature _____ Date: _____		
<table border="1"><tr><td>MBS Official Stamp</td></tr></table>		MBS Official Stamp
MBS Official Stamp		

- Note: 1. Sufficient details should be provided in section 4.1 describing the commodity to enable determination of relevant applicable Malawi Standard (s)
2. The application form should be completed in duplicate
3. The client to obtain original copy with the MBS stamp