



**MALAWI BUREAU OF STANDARDS
CERTIFICATION AND INSPECTORATE DIVISION**

APPLICATION FOR DESIGNATION OF A PROCESSING UNIT (UNDER MS 21)

FORM MBS-CID-PR7.2-FM-02

Please return the completed form by _____

To: **Malawi Bureau of Standards, P O Box 946, Blantyre**
Telephone: 01 870 488 Telefax: 01 870 756

1. **Name of firm:** _____
Postal address: _____ City: _____
Street name: _____ Plot nr: _____
Telephone: _____ Email: _____

2. **Factory address** (if different from above):
Name of factory: _____
Postal address: _____ City: _____
Street name: _____ Plot nr: _____
Telephone: _____ Email: _____

3. **Name and title of person responsible for the hygienic conditions and Quality Management System of applicant:**

3.1 Name: _____

3.2 Title: _____

4. **Details of food commodity/commodities to be handled/produced:**

4.1 Brief description: _____

4.2 Trade mark(s) (if any): _____

5. **Application fee:**

Cheque amount MWK: _____ Chequer: _____ enclosed

6. **Declaration and signature:**

6.1 I/We hereby apply for designation to use the above-named factory/premises as a food processing unit for the manufacture/processing of the specified food commodity/commodities in accordance with the requirements of MS 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 thereunder, and the general and specific conditions relating to the application of the standardization mark and the designation of my/our premises, and to settle all fees as prescribed by the Malawi Standards Board.

Signature: _____ Capacity: _____

Name in full: _____ Date: _____