Reg. No. PA/EOH/FCAU/EXP/ /

**FOOD CONTROL ADMINISTRATION UNIT**

**Ministry of Health**

386,Rev. BaddegamaWimalawansaMawatha, Colombo – 10 , Sri lanka

TEL/FAX- +94 112368727

APPLICATION FOR FOOD (EXPORT) ESTABLISHMENT REGISTRATION

01. Name of company : ………………………………………………………………………………….

02. Address of company

 2.1 Office : …………………………………………………………………………………..

 2.2 Factory : …………………………………………………………………………………..

 2.3 warehouse : …………………………………………………………………………………..

3. Contact Nos

Office : ……………………. Factory: ……………………Warehouse : …………………….

 Fax : ……………………………………….Email : ……………………………………….

4. B/R Number and date : ……………………………………………………………………………...

5. Details of head of the institute

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S/N | Name | Position | Tel. No. | Fax | Email |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

06. Tin number and date : ……………………………………………………………………………...

07. Vat number and date : ……………………………………………………………………………...

|  |  |
| --- | --- |
| 1 | For the companies exporting to China |
|   | Products for approval           | HS code | Last date of  trade to China |
|   |   |   |
|   |   |   |

08. EDB Registration No. and date : …………………………………………………………………..

09. Coconut Board registration No and Date ( if relevant) : ………………………………………….

10.Tea Board registration No and Date ( if relevant) : ………………………………………………..

|  |  |
| --- | --- |
| 1 | Type of Business  Producer    Exporter         Producer- Exporter        Agent       Trading House       Other (Specify) |
| 2 | Legal status  Proprietorship               Public Quoted Company                 Partnership  State Owned                  Private Ltd Company                       Other (Specify) |

11.Quality standard certificates: ………………………………………………………………………

12.Production list( please attach) : …………………………………………………………………….

13. Nature of the company :-

Manufacturer and exporter : …………………………

Only exporter ( attached the buyers list) : …………………………

Re- exporter : …………………………

14. Is the production Freely available in the local market …………………………………………...

15. Exporting countries( please attach the list) : ……………………………………………………….

16. Details of the agent / person to contact if needed

 Name : …………………………………

 Psition : …………………………………

 Tel. No. : …………………………………

 Email : …………………………………

**Note :- If this report state above changes, the necessary information inform with be provided to the FCAU within 14 days.**

I hereby state that the aforesaid details and the attached documents are true , correct and genuine to the best of my knowledge.

I understand that the above company will be registered at the Food Control Administration Unit of the ministry of health

Name and position of the applicant : …………………………………………..

 ……………………………………….......

Date : ……………………. Signature : ………………………………….