



Date: _____

Section 1 - Company Information			
Company Name			
Address			
Contact Person		Tel. No.	
E-mail			

Section 2 – Service Overview		
Product type	<input type="checkbox"/> Prepackaged Foods <input type="checkbox"/> Prepackaged Goods <input type="checkbox"/> Other _____	<i>Imported:</i> Y <input type="checkbox"/> N <input type="checkbox"/>

Section 3 – General Label Requirements		
Requirement	Y/N	Description/Amendment(s)
Common Name		
Brand/Trade Name <i>(if any)</i>		
Size / Quantity		
Name & Address of Manufacturer/ <i>Distributor</i>		
Country of Origin		
Ingredients <i>(descending order)</i>		
'Best before'/ <i>Expiry</i> Date		
Batch/Lot No. or Mfd. Date		
Storage recommendations <i>(if any)</i>		
Comments		

Section 4 For Inspector's Use Only		<i>Receipt No.:</i>
Inspected by: _____	Date: _____	