

Form for Checking Application and Recording defect for Category of Food Additives

- Letter explaining addition of food label for export to outside the Kingdom
 Requesting for Credential Substitute of Food Recipe Registration

Name –Last name of applicant/authorized person.....	*Please bring this document and application form enclosed with corrective action at the next time (if any)*
Tel.E-mail.....	
Name of production premise/import.....	
No. of Registration of production/import/production premise.....	
Name of food (Thai).....	
Name of food (English)	

An applicant shall arrange all documents in the following sequence as below and own checking by marking with if documents are completed as specified, or with if documents are incorrect or incomplete, or with – if not necessary

Details of documents checking	By applicant	By officer	Defect records
In case already received the Credential of Food Recipe Registration and request to add a label for export			
1. Two copies of Letter explaining addition of food label for export to outside the Kingdom			
2. Two copies of label for export			
- Production country			
- Any one of these: Food Serial Number or the No. of the production premise or name and location of the production premise			
- Production lot			
3. Two copies of foreign language translation of the label (in case other language except for English)			
4. One copy of the Credential (Orr.18)			
5. One copy of the food production license (Orr.2)			
6. One copy of the Certificate of the legal entity Registration (in case not a business operator signed)			
7. One issue of the Power of Attorney.			
Requesting for Substitute of the Credential of Food Recipe Registration			
1. In case loss of the Substitute of the Credential of the Food Recipe Registration, submit			
- One application form for the Substitute of the Credential of the Food Recipe Registration (Form Orr.20) signed by a business operator or an authorized managing director of a company.			
- An original copy of a police report indicating the Credential of the Food Recipe Registration No.....has been lost. (indicate the number of the lost Food Recipe)			
2. In case some parts of the Substitute of the Credential of the Food Recipe Registration are damaged or destroyed, submit			
- One application form for the Substitute of the Credential of the Food Recipe Registration (Form Orr.20) signed by a business operator or an authorized managing director of a company.			
- The Credential of the Food Recipe Registration with some parts are damaged or destroyed.			
3. One copy of the license for food production (Orr.2)/import			

(Orr.7)			
4. One copy of the Legal entity Registration (in case not signed by the business operator).			
5. One issue of the Power of Attorney. (in case to authorize others to perform).			

For applicant only	For officer only
<p>1st time</p> <p>I knew</p> <p><input type="checkbox"/> Document completed and accurate.</p> <p><input type="checkbox"/> There are defectives and will be completely corrected within 10 working days from the day of application received.</p> <p>Sign.....(applicant/authorized person) (.....) Date.....</p>	<p><input type="checkbox"/> Documents are completed and accurate.</p> <p>Issue receiving application form No.....</p> <p><input type="checkbox"/> Find defective as indicated above, request to correct within 10 working days from the day accept the application form if exceed the due date, application will be cancelled and further returned.</p> <p>Sign an officer preliminary check Sign.....authorized officer Date.....</p>
<p>2nd time</p> <p>I</p> <p><input type="checkbox"/> Completely correct defectives.</p> <p><input type="checkbox"/> Not able to completely correct and agree in rejection of the application.</p> <p>Sign.....(person submit correction documents/authorized person) (.....) Date.....</p>	<p><input type="checkbox"/> Completely defective correction.</p> <p><input type="checkbox"/> Return the application and all documents due to....</p> <p><input type="checkbox"/> Not present to correct defectives within due date.</p> <p><input type="checkbox"/> Defective corrections are not complete.</p> <p>You have right to submit new application by preparing complete and accurate documents or can appeal for returning this application by making an appeal letter to Secretary General of Food and Drug Administration within 15 working days since the date of notifying received.</p> <p>Sign.....authorized officer Date.....</p>