



REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF HEALTH
FOOD AND DRUG ADMINISTRATION
 Civic Drive, Filinvest Corporate City
 Alabang, Muntinlupa City



APPLICATION FORM FOR THE DIAMOND SANGKAP PINOY SEAL

Date : _____

Control Number : _____

I. General Information

1. Name of Applicant/ Manufacturer : _____
2. Business Address : _____
3. Telephone Number : _____
 Fax Number : _____
 E-Mail : _____
4. Plant Address : _____

II. Product Information (Staple)

1. Name of Staple : _____
2. Brand Name/ s : _____
3. Fortificant/s Used :
 Name : _____
 Chemical Form : _____
 Source : _____
4. Packaging Types and Sign : _____

To be submitted in duplicate and submitted to the Food and Drug Administration, Filinvest Corporate City, Alabang, Muntinlupa City

III. Attachments : (Documents) Check if attached

1. FDA LTO/ Other Agencies' LTO or Permit : _____
 Validity : _____
2. Certificate of Analysis of Fortificant in staple from FDA recognized laboratory
 ____ Vitamin A in Sugar, Cooking Oil, Flour
 ____ Iron in Rice, Flour
 ____ Iodine in Salt
3. Proposed label with DSPS : _____

IV. Application Fee/ Brand

O. R. Number : _____ Date : _____

Submitted by :

Name of Applicant/ Authorized Representative : _____

Position : _____ Signature : _____