



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



**SANGKAP PINOY SEAL PROGRAM
APPLICATION FORM**

(This form should be accomplished by applicant in duplicate)

Date: _____

I. General Information

Name of Applicant-Firm: _____

Business Address: _____

Telephone No. : _____ Fax No. : _____

Plant Factory Address (If there are more than one plant site where the product is manufactured, identify the locations of the other processing plant. Use separate sheet if necessary):

Telephone No. : _____ Fax No. : _____

Product Category Applied For : _____

Brand Name in the Market : _____

Fortificant Used:

Chemical Form :

Packaging Types and Sizes

II. Checklist of Documentary Requirements (Please check if the following are submitted):

- License To Operate (certified true copy)
- Report of analysis from FDA Recognized Laboratory
- Product Information
 - List of Ingredients
 - Nutrient Profile (in terms of %RDA per serving or per 100 grams. If the product is not ready-to-eat in terms of the following):
 - ___ Energy Value (kilocalories)
 - ___ Protein
 - ___ Fat
 - ___ Carbohydrates
 - ___ Vitamin A
 - ___ Iron
 - ___ Iodine
 - ___ Dietary Fiber
 - ___ Other vitamins/ minerals present in significant levels
i.e $\geq 10\%$ RDA
 - Schematic diagram of the manufacturing process
 - Storage and distribution conditions
 - Instruction for handling by customers
 - End product specifications e. g. Physico-chemical, microbial properties or sensory attributes
 - Estimated shelf life (with appropriate information on how this was determined)
 - Reference materials attesting to the efficacy & bioavailability of the fortificant
 - Product labels (current and proposed)

III. Application Fee

Amount Paid: _____

O. R. No. : _____

Date Issued : _____

Submitted by:

Name and Signature by duly Authorized Representative

Position of Duly Authorized Representative