ARED- PRODUCT REGISTRATION'S COPY

National Meat Inspection Service A S S E S S M E N T S L I P

CASHIER'S COPY

National Meat Inspection Service A S S E S S M E N T S L I P

| DATE: Company Name : Address/Tel no. : Accreditation No./Validity : Manufacturer Distributor/What in the product in the pr | nolesaler | DATE: Company Name : Address/Tel no. : Accreditation No./Validity : Manufacturer Distributor/Wholesale PRODUCT INFORMATION Brand name and Product | or Importer Exporter Wholesaler | | |
|---|----------------------------|---|---------------------------------------|----------|--|
| Name : | | Name : | | <u> </u> | |
| Packaging Types and Sizes : | | Packaging Types and Sizes : | | | |
| Registration Number : | Expiration Date: | Registration Number : | Expiration Date: | | |
| Manufacturer : | | Manufacturer : | | | |
| Repacker : | | Repacker : | | | |
| Distributor : | | Distributor : | | | |
| Others (Pls. specify) : | | Others (Pls. specify) | | | |
| Number of Samples : | Loose Labels: | Number of Samples : | Loose Label | | |
| APPLICATION DETAILS | | APPLICATION DETAILS | | | |
| Application Type | | Application Type | | | |
| | | ☐ Initial | | | |
| ☐ Renewal ☐ Re-application | | ☐ Re-application | ☐ Renewal | | |
| No. of Validity Years Applied for | | | | | |
| OTHER REQUESTS | , | OTHER REQUESTS | , | | |
| ☐ Amendment of CPR | | ☐ Amendment of CPR | | | |
| □ Re-issuance/Reconstruction of CPR □ Others, pls. specify | | □ Re-issuance/Reconstruction of CPR □ Others, pls. specify | | | |
| PAYMENT DETAILS | | PAYMENT DETAILS | | | |
| EVALUATOR - | CASHIER | EVALUATOR | CASHIER | | |
| | Amount : OR Number : | Fee : | Amount : OR Number : | — | |
| Surcharge : TOTAL : | OR Number : Date Issued : | Surcharge : TOTAL : | Date Issued : | — | |
| Evaluated by : | Received by : | Evaluated by : | Received by : | _ | |
| RECEIPT DETAILS | | RECEIPT DETAILS | | | |
| Name : | | Name : | | | |
| Signature : | | Signature : | | | |