

ARED- PRODUCT REGISTRATION'S COPY

National Meat Inspection Service
ASSESSMENT SLIP

DATE: _____

Company Name : _____
Address/Tel no. : _____
Accreditation No./Validity : _____

Manufacturer Distributor/Wholesaler Importer Exporter Wholesaler

PRODUCT INFORMATION

Brand name and Product Name : _____

Packaging Types and Sizes : _____

Registration Number : _____ Expiration Date: _____

Manufacturer : _____

Repacker : _____

Distributor : _____

Others (Pls. specify) : _____

Number of Samples : _____ Loose Labels: _____

APPLICATION DETAILS

Application Type

- Initial
- Renewal
- Re-application

No. of Validity Years Applied for 2 yrs 5 yrs

OTHER REQUESTS

- Amendment of CPR
- Re-issuance/Reconstruction of CPR
- Others, pls. specify

PAYMENT DETAILS

EVALUATOR

Fee : _____
Surcharge : _____
TOTAL : _____
Evaluated by : _____

CASHIER

Amount : _____
OR Number : _____
Date Issued : _____
Received by : _____

RECEIPT DETAILS

Name : _____
Signature : _____

CASHIER'S COPY

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