**REGISTRATION OF FOOD HYGIENE OFFICER**

**SFA Licence No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regional Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Premises Address (address of food shop/food stall): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **NRIC / FIN No.\*** | **Name of Food Hygiene Officer****(Name as in NRIC / FIN)** | **Gender****(M / F)** | **Date of Birth****(DD/MM/YYYY)** | **Work Permit****Expiry Date****(DD/MM/YYYY)*****As applicable*** | **Food Hygiene****Officer Course****Passed Date****(DD/MM/YYYY)** | **Contact No.** | **Email Address** |
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**\* *Scanned or photocopies of the following documents must be submitted with this form.***

1. *Certificate of Food Hygiene Officer Course*
2. *(For Work Permit holders) MOM-issued Work Permit – front and back*

I hereby certify that the above information of the food hygiene officers) is/are true.

**Name of Licensee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Contact no.: \_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**