**REGISTRATION OF FOOD HANDLERS**

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NRIC / FIN No.\*** | **Name of Food Handler****(Name as in NRIC / FIN)** | **Gender****(M / F)** | **Date of Birth****(DD/MM/YYYY)** | **Work Permit****Expiry Date****(DD/MM/YYYY)*****As applicable*** | **The most recent of the two course pass dates (DD/MM/YYYY)\* -**1. **Basic Food Hygiene Course**
2. **Refresher Course**
 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**\* *Scanned or photocopies of the following documents must be submitted with this form.***

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

I hereby certify that the above information of the food handler(s) is/are true.

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