

APPLICATION FOR LICENCE TO IMPORT PIGS

Please provide type-written information or information written in legible block letters. If there is insufficient space, extra information can be attached to the back of the application.

Pre-requisites:

1. Registered company / business with ACRA (Please attach copy of company/business profile printout);
2. Top up CPF medisave contributions;
3. Activate UEN with Singapore Customs; and
4. Submit original Giro form to SFA.

SECTION 1 - APPLICANT / LICENSEE DETAILS	
*PLEASE INDICATE NAME AS PER IDENTIFICATION CARD / PASSPORT	
Name in full (Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/>)	Designation: Agent <input type="checkbox"/> Auditor <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Managing Director <input type="checkbox"/> Officer <input type="checkbox"/>
Identification Type: (NRIC <input type="checkbox"/> FIN <input type="checkbox"/> Passport <input type="checkbox"/> Identification Number: Nationality: Passport Issuing Country:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth:
Primary Mode of Contact: Mobile <input type="checkbox"/> Office <input type="checkbox"/>	Office Tel: Mobile No.: Email:
Residential Address: Postal Code:	Address Type: Local <input type="checkbox"/> Foreign <input type="checkbox"/> Type of premises: Farm <input type="checkbox"/> Food Factory <input type="checkbox"/> Office <input type="checkbox"/> Residential <input type="checkbox"/> Retail Outlet <input type="checkbox"/> Show Room <input type="checkbox"/> Warehouse <input type="checkbox"/>
SECTION 2 – ORGNISATION INFORMATION	
Organisation Name:	UEN No: Former Business/Company Registration Number (if applicable):
Organisation Type: Sole-Proprietor <input type="checkbox"/> Private Limited <input type="checkbox"/> Others <input type="checkbox"/> (Please specify:)	Office Tel: Email:

Organisation Address: Postal Code:	Address Type: Local <input type="checkbox"/> Foreign <input type="checkbox"/> Type of premises: Farm <input type="checkbox"/> Food Factory <input type="checkbox"/> Office <input type="checkbox"/> Residential <input type="checkbox"/> Retail Outlet <input type="checkbox"/> Show Room <input type="checkbox"/> Warehouse <input type="checkbox"/>
Organisation Operating Address: Postal Code:	Address Type: Local <input type="checkbox"/> Foreign <input type="checkbox"/> Type of premises: Farm <input type="checkbox"/> Food Factory <input type="checkbox"/> Office <input type="checkbox"/> Residential <input type="checkbox"/> Retail Outlet <input type="checkbox"/> Show Room <input type="checkbox"/> Warehouse <input type="checkbox"/>
Organisation Mailing Address: Postal Code:	Address Type: Local <input type="checkbox"/> Foreign <input type="checkbox"/> Type of premises: Farm <input type="checkbox"/> Food Factory <input type="checkbox"/> Office <input type="checkbox"/> Residential <input type="checkbox"/> Retail Outlet <input type="checkbox"/> Show Room <input type="checkbox"/> Warehouse <input type="checkbox"/>
SECTION 3 – PURPOSE OF IMPORT	
Purpose of Import: Slaughter <input type="checkbox"/> Others <input type="checkbox"/> (Please specify: _____)	
SECTION 4 – EMERGENCY CONTACT (OTHER THAN APPLICANT)	
Name in full (Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> _____ Designation: _____	Mobile No.: _____ Email: _____
SECTION 5 – SUPPORTING DOCUMENT	
<input type="checkbox"/> A copy of the Authorisation for Management Staff <input type="checkbox"/> Others (Please specify: _____)	
SECTION 6 – DECLARATION	
i) I declare that all the information provided in this application is true and correct. ii) I am aware that legal action may be taken against me if I had knowingly provided false information.; iii) I agree that in any legal proceeding, I shall not dispute the authenticity or accuracy of any statement, confirmation, records, acknowledgement, information recorded in or produced in this application.	
 _____ Signature of Applicant	 _____ Date
 _____ Company Stamp	