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52 Jurong Gateway Road

#14-01 Singapore 608550

**APPLICATION FOR GOOD AQUACULTURE PRACTICE FOR FOODFISH FARMING (GAP-FF) CERTIFICATION**

Singapore Food Agency Act 2019. Singapore Food Agency (Certification Marks) Regulation 2019.

Singapore Food Agency (Certification Mark) Notification 2019

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| This form may take you 15 minutes to fill in. You will need the following information to fill in the form:* Business/Company Registration No.
* Details of the farm including farm number and address, farm licence index and years in production (Please refer to Section B of the form)
* Details of the co-ordinator for GAP-FF certification (Please refer to Section C of the form)
* List of fish species cultured at the farm and the type of feed used (Please refer to Sections D and E of the form)
* List of market outlets (Please refer to Section F of the form)
* List of Chemotherapeutants used at the farm (Please refer to Section G of the form)

Please complete the application form and fax/email it to:Attn: GAP-FF SecretariatStandards Development & Promotion DepartmentIndustry Development & Partnership Division52 Jurong Gateway Road, JEM Office Tower, #14-01Singapore 769194Email to: kevin\_fong@sfa.gov.sg |

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| **Section A - Details of Applicant** |
| Name of Applicant[[1]](#footnote-1) in full: | NRIC No.: |
|   |  |
| Company Name: |
|   |
| RCB No. of Company (if applicable):  | Designation of Applicant in Farm or Company (if applicable): |
|  |  |
| Address of Company: | Email: |
|  |  |
| Office Tel No.: | Mobile No.: | Fax No.: |
|  |  |  |

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| **Section B - Details of Farm** |
| Name of Farm Licensee in full: (If different from Section A) | Farm Licence Number: |
|  |  |
| Location of Farm: | Email: |
|  |  |
| Office Tel No.: | Mobile No.: | Fax No.: |
|  |  |  |
| Farm Area:  | Years in Production:  | Start of production: |
|  |  |  |
| **Section C - Details of Co-ordinator[[2]](#footnote-2) for GAP-FF Certification**  |
| Name of Co-ordinator in full: |
|  |
| NRIC No.:  | Designation:  |
|  |  |
| Address:  | Email: |
|  |  |
| Office Tel No.: | Mobile No.: | Fax No.: |
|  |  |        |
| **Section D – List of Fish species cultured at the Farm** (*To be packed for sale under GAP-FF Certification if awarded by SFA)* |
| Species of Fish | Country and source of fry/fingerling | Harvest/market size |
|  Pls specify type if grouper/snapper/ others       |       |       |
|  Pls specify type if grouper/snapper/ others       |       |       |
|  Pls specify type if grouper/snapper/ others       |       |       |
|  Pls specify type if grouper/snapper/ others       |       |       |
|  Pls specify type if grouper/snapper/ others       |       |       |
|  Pls specify type if grouper/snapper/ others       |       |       |
|  Pls specify type if grouper/snapper/ others       |       |       |
|  Pls specify type if grouper/snapper/ others       |       |       |
|  Pls specify type if grouper/snapper/ others       |       |       |
|  Pls specify type if grouper/snapper/ others       |       |       |

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| **Section E - Details of Feed used on the farm**  |
| S/N | Type of feed | Brand (If applicable) | Purchased from |
| 1 |       |       |       |
| 2 |       |       |       |
| 3 |       |       |       |
| 4 |       |       |       |
| 5 |       |       |       |
| 6 |       |       |       |
| **Section F – List of Market Outlets** |
| Fish Species | Type of Market Outlet  | Form of sale | Market Outlet*(eg. NTUC, Senoko Fishery Port)* |
|  Pls specify type if grouper/snapper/ others       |  |  |       |
|  Pls specify type if grouper/snapper/ others       |  |  |       |
|  Pls specify type if grouper/snapper/ others       |  |  |       |
|  Pls specify type if grouper/snapper/ others       |  |  |       |
|  Pls specify type if grouper/snapper/ others       |  |  |       |
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|  Pls specify type if grouper/snapper/ others       |  |  |       |
|  Pls specify type if grouper/snapper/ others       |  |  |       |

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| **Section G - Details of Chemotherapeutants used on the farm**  |
| S/N | Name of antibiotic/chemical/drug | Purchased from |
| 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 |       |       |
| 5 |       |       |
| 6 |       |       |
| 7 |       |       |
| 8 |       |       |
| **Section H – Declaration** |
| I, the above applicant, declare that all information provided in this form is correct and true. I am aware that any discrepancy in the information provided would lead to this application being rejected |
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|  |  |
| Date | Name and Company |
|  |  |
| FOR OFFICIAL USE ONLY |
| Received byGAP-FF Secretariat | Date  |
| Remarks, if any: |
|       |
| Received by Auditor |
| Name  | Date  |
| Remarks, if any: |
|        |

*Please note that any changes in the above information at any time need to be sent to SFA for an updated record.*

1. Authorized personnel by farm licensee with authorization letter (new applicant).

For renewal, please resubmit an authorization letter if different from previous application. [↑](#footnote-ref-1)
2. An on-farm co-ordinator must be identified in dealing with matters associated with GAP-FF. [↑](#footnote-ref-2)