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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 Secretariat  Standards Development & Promotion Department  Industry Development & Partnership Division  52 Jurong Gateway Road, JEM Office Tower, #14-01  Singapore 769194  Email to: [kevin\_fong@sfa.gov.sg](mailto: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.: | | | |
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| **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 | | | |  | | | |  |
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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 | |  | |  | |  |
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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)