

## APPLICATION FOR THE APPROVAL OF CLAIMS ON A FOOD LABEL

(Please use one application for one food product)

**Please note the committee evaluates claims ONLY and the food labels should follow the Food (Labelling and Advertising) Regulations 2005 of the Food Act No 26 of 1980**

1. Product name:
- a. Common Name :.....
- b. Brand / Trade Name:.....
- c. Country of Origin :.....
2. Company name :.....
3. Company address :.....
4. Contact Person Name :..... Designation :.....
- Land line& Mobile :..... Email :.....

**5. Claim/s for which the approval is / are requested and brief justification for the claim:**

(Please use a separate sheet with the below format if the space is not adequate)

	<b>Claim/s or General Statements</b>	<b>Brief justification for the claim/s</b> (Please highlight the specific information in supportive documents)
1		
2		
3		

**6. Calculate the % of RDA & NRV for the nutrient relevant for the claims (Complete the below format)**

Name of the Food Product							
Serving size							
No of recommended servings per day							
	Nutrient/s relevant for the claim/s	Amount of nutrient in one serving	Amount of nutrient provided per day based on the food label instructions	RDA level (according to the labelling regulations)	<b>% of RDA provided by the product</b>	NRV level	% of NRV provided by the product
Eg	Calcium	A mg	B mg (B = A x No of recommended servings per day)	C	B/C x 100%	D	B/D x 100%
1							
2							
3							

**7. Documents to be submitted (Check list)**

	Document	Mark "✓" if attached	Office use
1.	Duly completed application form*		
2.	Product label art work (Colour)* with the claims, ingredient list and instruction for preparation if any.		
3.	Analytical report from an independent accredited laboratory (original)*		
4.	NMRA letter for borderline product*		
5.	Supportive Scientific Evidence		
6.	Three (03) hard copies of all documents*		
7.	A scanned copy (PDF) of all documents* (Please email to <a href="mailto:chandanaherath.phi@gmail.com">chandanaherath.phi@gmail.com</a> )		

\*Compulsory

**I hereby certify that the provided information is true and correct. I understand that the applications without compulsory documents will be rejected without a notice and the application will be disqualified if any incorrect or false information is provided.**

Applicant's Name and Designation : .....

Date, Signature of the Applicant with Company Stamp / seal : .....

**For Office use only (to be filled before the S/C meeting)**

		<b>Mark “V” if done</b>
1.	Checked for the documents	
2.	Necessary evaluation done by F&DI	
3.	Sent for evaluation by committee member/s	
4.	Evaluation report received	

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Signature of F & DI