



**MALAYSIAN CERTIFICATION SCHEME FOR HACCP
RENEWAL APPLICATION CHECKLIST**

FOR APPLICANT USE

Company	:	
Address	:	
Date of Submission	:	

A.	CHECKLIST FOR HACCP RENEWAL APPLICATION	Please tick *Yes (√) / No (X)	
		Applicant	Officer
1.	Cover letter		
2.	Renewal Fee (RM600 per certificate) by bank draft or postal order only Made payable to : Ketua Setiausaha, Kementerian Kesihatan Malaysia Bank Name : _____ Cheque No / Postal Order No.: _____ Amount : _____		

Kindly submit **all the documents above** within **two (2) weeks** after submission of online application to the address below :

**Senior Director
Food Safety and Quality Division
Ministry of Health
Level 3, Block E7, Complex E
Federal Government Administration Centre
62590 Putrajaya
(att : HACCP Certification Unit)**

The application will be processed once completed documents are received. **Failure to submit the documents within two (2) weeks will affect the application.**

FOR OFFICER USE

Status : COMPLETE REJECT KIV

Note :

Processed By :

(Signature and Official Stamp)

Date :