■ 수입식품안전관리 특별법 시행규칙 [별지 제1호의2서식] <신설 2021. 6. 30.>

A CONFIRMATION FORM OF REGISTERED INFORMATION
-Agreement form of foreign food facility-

INSTRUCTIONS	• According to Article 5 of the Special Act on Imported Food Safety Control, a person who intends to import food, etc. into the Republic of Korea or person who establishes and operates a foreign food shall register his/her facility as a foreign food facility with the Minister of Food and Drug Safety before he/she files an import declaration. • The period of validity of registration of a foreign food facility shall be two years from the date of such registration. The registration shall be renewed at least seven days prior to expiration. • If the registration is found to have fraudulent information or the facility has been registered in an inappropriate way, the registration may be revoked and products from the facility may be refused to be imported to Korea. • For successful registration, manufacturers shall fill out this form to satisfy the registration requirements, have the agreement of MFDS inspection and thereby inform *importer* of all of the information and the agreement. • Please mark √ in [ ] if applicable. ☞ If you already have the confirmation number for your facility assigned by MFDS, please inform importer.

TYPE OF REGISTRATION	[ ] Initial registration [ ] Update of registered information [ ] Renewal of registration	
	Facility Registration Number	* If update or renewal of registration, provide MFDS Facility Registration Number

FACILITY INFORMATION	• Name of Facility :	• Representative :
	• Address : * Please enter the full address of the facility	
	• City :	• State : * if not applicable, please enter Province/Territory
	• Zip Code :	
	• Country :	• Contact Name :
	• E-mail :	• Fax number :
	• Phone number(*include area/country code) :	• Cell phone, *Optional* :

TYPE OF CATEGORY	[ ] Agricultural products	[ ] Processed foods
	[ ] Food additives	[ ] Apparatus, or containers and packages
	[ ] Fishery products	[ ] Functional health foods
FOOD SAFETY MANAGEMENT SYSTEM * Application for the food, if applicable.	[ ] No [ ] Yes ※ If "Yes", check as applicable or specify the system [ ] HACCP [ ] ISO 22000 [ ] Other ( ) ※ Whether to be certified by a certification body [ ] No [ ] Yes ※ If "Yes", provide the following information	
	Title of certification :	Certification body :
	Certification date : MM-DD-YYYY	Expiration date : MM-DD-YYYY

[ ] The person who establishes and operates the foreign food facility concerned agrees that if the Minister of Food and Drug Safety deems it necessary, he/she may visit and inspect the foreign food facility.

[ ] The applicant certifies that the above information is true and accurate.

[ ] The person who establishes and operates the foreign food facility concerned has checked and agreed on the above registration (update of registered information, or renewal of registration)

Company Name : **Date** : MM-DD-YYYY

Name & Title :

I hereby certify that the above information is complete and true _____(Signature)_____