

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

<b>INSTRUCTIONS</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>For successful registration, manufacturers shall fill out this form to satisfy the registration requirements, have the agreement of MFDS inspection and thereby inform <u>importer</u> of all of the information and the agreement.</li> <li>Please mark <input checked="" type="checkbox"/> in [ ] if applicable.</li> </ul> <p><small>☞ If you already have the confirmation number for your facility assigned by MFDS, please inform importer.</small></p>															
<b>TYPE OF REGISTRATION</b>	<input type="checkbox"/> Initial registration <input type="checkbox"/> Update of registered information <input type="checkbox"/> Renewal of registration <div style="display: flex; justify-content: space-between;"> <span>Facility Registration Number</span> <span>* If update or renewal of registration, provide MFDS Facility Registration Number</span> </div>															
<b>FACILITY INFORMATION</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">• Name of Facility :</td> <td style="width: 50%;">• Representative :</td> </tr> <tr> <td colspan="2">• Address : * Please enter the full address of the facility</td> </tr> <tr> <td>• City :</td> <td>• State :</td> </tr> <tr> <td>• Zip Code :</td> <td>* if not applicable, please enter Province/Territory</td> </tr> <tr> <td>• Country :</td> <td>• Contact Name :</td> </tr> <tr> <td>• E-mail :</td> <td>• Fax number :</td> </tr> <tr> <td>• Phone number(*include area/country code) :</td> <td>• Cell phone, <i>Optional</i> :</td> </tr> </table>		• Name of Facility :	• Representative :	• Address : * Please enter the full address of the facility		• City :	• State :	• Zip Code :	* if not applicable, please enter Province/Territory	• Country :	• Contact Name :	• E-mail :	• Fax number :	• Phone number(*include area/country code) :	• Cell phone, <i>Optional</i> :
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<b>TYPE OF CATEGORY</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Agricultural products  <input type="checkbox"/> Food additives  <input type="checkbox"/> Fishery products         </div> <div style="width: 48%;"> <input type="checkbox"/> Processed foods  <input type="checkbox"/> Apparatus, or containers and packages  <input type="checkbox"/> Functional health foods         </div> </div>															
<b>FOOD SAFETY MANAGEMENT SYSTEM</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> No   <input type="checkbox"/> Yes   ※ If "Yes", check as applicable or specify the system  <input type="checkbox"/> HACCP   <input type="checkbox"/> ISO 22000   <input type="checkbox"/> Other (                      )            ※ Whether to be certified by a certification body   <input type="checkbox"/> No   <input type="checkbox"/> Yes            ※ If "Yes", provide the following information            Title of certification :                      Certification body :            Certification date : MM-DD-YYYY                      Expiration date : MM-DD-YYYY         </div> <div style="width: 48%; font-size: small;">           * Application for the food, if applicable.         </div> </div>															
<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> The applicant certifies that the above information is true and accurate.</p> <p><input type="checkbox"/> 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)</p>																
<div style="display: flex; justify-content: space-between;"> <span><b>Company Name :</b></span> <span><b>Date :</b> MM-DD-YYYY</span> </div> <p><b>Name &amp; Title :</b></p>																
<p><b>I hereby certify that the above information is complete and true</b> _____ (Signature) _____</p>																