

Address

Tel: - . Fax: -

Certification No.: MFDS 해당 부서 영문 약칭 -

CERTIFICATE OF TRACEABILITY

MM/DD/YY:

This is to certify that the following information is recorded and managed at each stage, from manufacturing to sales, in compliance with the Functional Health Foods Act of the Republic of Korea.

- Name of Manufacturer:
- Address:
- Name of Representative:
- Name of Registered Production Manager:
- Name of Registered Quality Control Manager:
- Notified Products:
- Approval Date:
- Remarks:

Signature:

(해당 부서 영문 명칭) ○○ Regional Office of Food & Drug Safety Republic of Korea