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## APPLICATION FOR APPROVAL OF LABELS

	f any applicable product label(s). A fax copy is acceptable only	, if it is readabl
<b>1. Name and address of company/ir</b>		
Telephone Number:	Fax Number:	
Email Address:		

2. Business Type:				
Manufacturer		Distributor		
Importer		Agro-Processor		
Supermarket		Retail Outlet		
Do you possess a valid Certificate of Free Sale? Yes D No D		Do you possess a valid Certificate of Food Hygiene Yes D No D		
		Other:		

3. Type of Commodity	Brand/Trade Name of	f Comm	odity	Country manufa	ctured
3. Type of Label	Assessment				
Prepackaged Foo	ods		Prepackaged Goods	5	
Brewery Product			Pesticide and Toxic Chemicals		
Cigarettes			Electrical Domestic Products		
L					

I hereby certify that the information included in this application is, to the best of my knowledge, correct and that I understand any false or misleading statements made by me will result in the rejection of this application.

Signature of Applicant

Date:\_\_\_\_\_

Time:\_\_\_\_\_

Application Fee to by cash or cheque (payable to the Saint Lucia Bureau of Standards). EC \$20.00 for labelling of pre-packaged food and pre-packaged goods, and EC \$25.00 for specialized labelling standards. Please allow 5 working days for processing and assessment of Application