

DECLARATION BY APPLICANT

Tick all as applicable. The application can only be processed if all are acknowledged.

- I declare that all the information given in this application form is true and correct.
- I am aware that legal action may be taken against me if I had knowingly provided false information.
- I agree that in any legal proceedings, I shall not dispute the authenticity or accuracy of any statements, confirmations, records, acknowledgements, information recorded in or produced in this application.
- I am aware that the information given in this application form is for the purpose of providing information to the Director-General, Food Administration as well as authorised officers under section 31W of the Environmental Public Health Act 1987 to determine whether the amendment application should be granted.
- I acknowledge that SFA would only be able to process this application when all relevant supporting documents are received by or submitted to SFA and are in proper order.
- I am aware that any false information wilfully furnished by me in this application shall result in my application being rejected, or if approval granted, void and of no effect under Section 99 of the Environmental Public Health Act 1987.
- I hereby consent to SFA's use of the information provided by me in the course of any application I have made to the SFA to facilitate the processing of such application for such purposes. I hereby further consent to SFA sharing the information in such application with other Government agencies, or nongovernment entities authorized to carry out specific government services, unless prohibited by legislation.
- I understand that licenses are issued on condition that the licensee shall occupy the said premises. Director-General, Food Administration shall be entitled to revoke the licence in the event that the licensee ceases to be the occupier of the said licensed premises.

Applicant/ Authorised Person's Signature & Name

Date