



**INDUSTRIAL'S PROPOSAL FOR CREATING NEW FOOD GROUP/
PRODUCT CATEGORY UNDER
HEALTHIER CHOICE LOGO (HCL) MALAYSIA**

APPLICANT'S DETAILS

NAME OF APPLICANT: _____

DESIGNATION: _____

NAME OF REGISTERED COMPANY: _____

REGISTRATION OF COMPANY (ROC) NO. : _____

REGISTERED ADDRESS:-

CONTACT NO (EXT): _____

CONTACT NO (HP) : _____

FAX NO. : _____

EMAIL: _____

TYPE OF INDUSTRY:

- Multi National Company (MNC) Small Medium Enterprise (SME)

TYPE OF COMPANY:

- Manufacturer Importer Distributor

Guide for application:

- i. All sections in this form must be completed.
- ii. All information requested in this format must be submitted in Bahasa Malaysia or English.
- iii. Please use attachment if the space provided is not enough or when it is necessary.
- iv. Please forward completed application forms and all the relevant documents to:

Director
Nutrition Division,
Ministry of Health Malaysia,
Level 1, Block E3, Parcel E,
Federal Government Administration Centre,
62590 Putrajaya
Tel: 03-8892 4503; Fax: 03-8892 4511/12
Emel: hcl_kkm@moh.gov.my



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- i. Proposed Food Group: _____
- ii. Proposed Product Category: _____
- iii. Proposed Nutrient Criteria:

Type Of Nutrient(S)	Nutrient Criteria (Per 100g/100ml)
Eg: Sodium	Eg: $\leq 400\text{mg}/100\text{g}$
Eg: Dietary Fiber	Eg: $\geq 6\text{g}/100\text{g}$

- iv. The importance of HCL authentication on this proposed product category:

- v. The scientific justification and supporting documents for the proposed nutrient criteria
- vi. Summaries of information required so as to assist the committee members in understanding the application
- vii. Example(s) of established nutrient criteria that is adopted by other country/ countries or recognised international agency/ agencies
- viii. Nutrient profiling/ database of all/ majority of the proposed products that can be found in the market
- ix. Other relevant information if necessary.

DECLARATION:

I _____ (full name), identity card / passport number _____, hereby declare:

- a. that this application is made by myself / on behalf of _____
- b. that all particulars given in this form including all appendices attached are true and correct.

SIGNATURE : _____

NAME : _____

DESIGNATION : _____

DATE : _____

COMPANY STAMP