DEPARTMENT OF VETERINARY SERVICES MALAYSIA

Ministry of Agriculture and Agro-Based Industry Malaysia Wisma Tani, Podium Block, Lot 4G1, Precinct 4

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ANNUAL PERFORMANCE EVALUATION (APE) FOR EXPORTING ANIMAL BASED PRODUCTS TO MALAYSIA

YEAR : ......................

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| Section A : Particulars of **Establishment** ( Please tick V on relevant **circle** ) | | |
|  | Name of establishment |  |
| 2 | Number of Establishment: |  |
|  | Address: |  |
| Contact number:  Email address: |  |
| 4 | List of products approved to  export to Malaysia |  |
| 5 | Year of Approval |  |
| 6 | Management :  Is there any changes in management? | O YES, attach new organization chart showing designation and name of holders  O NO |
| 7 | Internal Audit : | O YES, attach latest internal audit reports  O NO |
| 8 | Operational activities |  |
| Total annual production (tonnes): |  |
| Total annual capacity exporting to Malaysia (tonnes):  -attach copies of veterinary health  certification (VHC) for the last shipment to Malaysia |  |
| 9 | Location and Layout : is there any renovation/ changes? | O YES, attach latest location and layout plant  O NO |



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| **Section B: Information on monitoring by** Competent **Authority** | | | |
| 1 | Veterinary/Regulatory Authority monitoring : | | O YES, attach latest report by authority  Frequency/year :  O NO , Comments why : |
| 2 | Halal Certified  Bodies Monitoring : |  | O YES, attach latest report by HALAL authority Frequency/year :  O NO , Comments why : |
| 3 | Certification awarded this year:  - attach latest certificate | | O HALAL  O ISO  O HACCP  O Others |
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| **Section C: Declaration by the Establishment** |
| I declare that the information given above is true and correct. The company under-takes to comply with all requirements of the approval authority of the importing country  Signature:  Name:  Designation:  Date: |
| **Section D: To be filled by Competent authority** |
| This is to certify that the plant is under the supervision and bound with the rules and regulation of the competent authority.  Signature  Name:  Designation:  Date: |