

GMP Certificate

Reference Number _____

Competent Authority:

Ministry of Agriculture, Forestry and Fisheries, Japan

1. Name of the Establishment:
2. Address:
3. Name(s) of commodity(-ies):
4. Type of Business
5. Attestation

The undersigned authorized officer certifies that this establishment as above complies with the requirements of Good Hygiene Practices of the Codex General Principles of Food Hygiene (CXC 1-1969) and HACCP system of the Codex General Principles of Food Hygiene (CXC 1-1969).

Date of Issue:

Date of Expiry:

Title and Name of authorized officer:

Signature:

Stamp: