

Application Form for Importing New Strain

Acceptance number: GuoShiJunShen J
Acceptance date: ____ (Month) ____ (day), ____ (year)

Application Form for
Importing New Strain

Name of Strain _____

State Food and Drug Administration

Instructions

1. Copies (photocopies) of this Form are not valid.
2. This Application Form and all submitted materials must be printed.
3. This Form should be complete, clear and without modifications.
4. This Form is only for importing new strains used for health food.
5. Before filling out this Form, applicants are advised to read related regulations for application and acceptance. The application will be rejected if it does not comply with the application requirements.

Name of Strain	Chinese		
	English/ Latin		
Manufacturer	Chinese		
	English		
Manufacturing country or region		Address	
Applicant			
Address			
Telephone		Postal code	
Fax		Contact	

Guarantee of Applicant

We guarantee that any contents or attached materials associated with this Form are correct and legal and that any data contained in the attached materials are results of research and tests conducted on the Strain. If any wrong information is found within this Form and attached materials, we are willing to be held responsible for it accordingly and be ready to take its consequences.

 Manufacturer (Signature and Seal) Legal representative (Signature and Seal)
 (Month) ____ (day), ____ (year)

 Applicant (Signature and Seal) Legal representative (Signature and Seal)
 (Month) ____ (day), ____ (year)

- Attached materials (please check submitted materials with a "✓")
- 1. Application Form for New Strain
 - 2. Source and functions of strain and safety information for food within and outside China
 - 3. Authentication reports issued by competent institution(s) authorized by the Ministry of Health
 - 4. Strain safety evaluation reports (including toxicity study)
 - 5. Reports demonstrated that the Strain and its metabolization will not create poisonous and harmful substances.

Other issues to be specified: