



**APPLICATION FORM FOR THE REGISTRATION OF
FOOD HANDLERS IN TERMS OF L.N. 178/2001**

(FILL IN WITH BLOCK LETTERS)

Identity Card Number /
Passaport Number: _____

Name: _____

Surname: _____

Address: _____

Locality: _____ Post Code: _____

Telephone Number: _____ Mobile Number: _____

Category of card applied for :			
Tick where applicable:			
Category A <input type="checkbox"/>	Category B <input type="checkbox"/>	New Application <input type="checkbox"/>	Renewal <input type="checkbox"/>

I, the undersigned, declare that the information supplied above is accurate, complete and not misleading.

Signature: _____ Date: _____

(To be filled in by the Food Hygiene Tutor)

I _____ declare that Mr/Mrs _____
attended the course and reached the recommended level for Category __.

Signature		Official Stamp		Date
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- **Attach a photocopy of the original certificate denoting completion of the food handlers course.**
- **Payment of €2.60 (Cheques payable to "PS MAFA" over €20) or bank transfer (details below).**
 Name of accounts holder – Cashier Malta Government
 Name of bank – Central Bank of Malta
 Address of Bank – Castille Place, Valletta
 Account Number – **40001EUR-CMG5-001-H**
 BIC – **MALT MT MT**
 IBAN Code – **MT55MALT011000040001EURCMG5001H**
 Bank Code - **01100**
 Send an email on foodhandlers-fsc.mafa@gov.mt to inform us that the money has been transferred. Kindly insert ``Dept 44 – Food Safety Commission`` and also your **NAME** and **SURNAME** in the description area of the transaction.
- **Applications will be accepted from Monday to Friday between: 08:00am to 12:00pm, at the Food Safety Commission, Ministry of Agriculture, Fisheries and Animal Rights, Agriculture Research and Innovation Hub, Marsa MRS3303.**
- 📞 **22924886/7/9**
- 📧 foodhandlers-fsc.mafa@gov.mt

For office use:

Issued on	Valid Until	Receipt No.	Card No.
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Data Protection Statement: All data collected is processed in accordance with the legal provisions and the Data Protection Act 2001. Personal Data is not disclosed to third parties if not by Law or by other EU Regulations/Obligations.

Author: A. Caramagna Version No.: 5	Approved by: CHAIR-FSC Issued by: CHAIR-FSC	Issue Date: 23-03-2023	Form No: FSC/MAFA/1	Page 1 of 1
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