

**APPLICATION FORM FOR HEALTHIER CHOICE LOGO (HCL)
MALAYSIA****A. COMPANY REGISTRATION**

NAME OF REGISTERED COMPANY: _____

REGISTRATION OF COMPANY (ROC) NO. : _____

REGISTERED ADDRESS:- _____ TELEPHONE NO. : _____

FAX NO. : _____

TYPE OF INDUSTRY:

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

TYPE OF COMPANY:

- Manufacturer Importer Distributor

B. PERSONAL INFORMATION

CONTACT PERSON : _____ Signature and stamp:

DESIGNATION : _____

IDENTIFICATION NO. : _____

E-MAIL : _____

Guide for application:

- i. Please provide supporting documents for the values declared and a product label/artwork.
- ii. Please use attachment if the space provided is not enough.
- iii. Please forward completed application forms, product information forms, supporting document(s) and product packaging(s) 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
hcl_kkm@moh.gov.my

NUMBER OF PRODUCT(S) APPLIED: _____

PRODUCT CATEGORY	PRODUCT SUB-CATEGORY	PRODUCT NAME	COUNTRY OF MANUFACTURED

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

Verified by:

SIGNATURE : _____

NAME : _____

DESIGNATION : _____

DATE : _____

Application No: _____

MHCL-2

PRODUCT INFORMATION FORM

(one form per product)

PRODUCT NAME: _____

PLACE OF MANUFACTURE: _____

PRODUCT CATEGORY: _____

PRODUCT SUB-CATEGORY: _____

DESCRIPTION OF PRODUCT: _____

INGREDIENTS: _____

PACKAGE SIZE(S) AVAILABLE: _____

Please insert the nutrient values below based on the sub-category.

Nutrient	Nutrient Values (per 100g/100ml)	Nutrient Criteria (per 100g/100ml)
ENERGY (kcal)*		
CARBOHYDRATE (g)*		
PROTEIN (g)*		
FAT (g)*		

*Mandatory

DATE : _____

COMPANY STAMP

Company : _____

CHECKLIST FOR APPLICATION FORM

- 1. Completed Form of MHCL-1
- 2. Completed Form(s) of MHCL-2
- 3. Food Lab Analysis Result
- 4. Products Label

For Official Use

Note : _____

Date of submission : _____

Date received by MOH : _____

[] Approved

[] Not Approved. Reason:

Signature: _____

Date: _____