**نموذج طلب تحديث قائمة المنشآت المعتمدة لمنتجات بدائل حليب الأم المصنعة للرضع والأغذية التكميلية للأطفال**

**(إضافة، إزالة، تعديل)**

**Form to update the list of approved establishments for Breast-milk substitute for infants & Complementary foods for children**

**(Amendments، Delisting، Addition)**

ترغب (الجهة الرقابية) في (اسم الدولة) بإجراء تحديث على قائمة المنشآت المعتمدة **لمنتجات** بدائل حليب الأم المصنعة للرضع والأغذية التكميلية للأطفال من خلال التعديلات الواردة أدناه، وعليه تؤكد الجهة الرقابية بأن المنشآت أدناه مسجلة لديها وخاضعة لرقابتها ومطبقة لاشتراطات صحة الغذاء ([هنا](https://www.sfda.gov.sa/sites/default/files/2020-12/FoodHygieneRequirementsAR.pdf)) والمواصفة القياسية رقم  (1694) " القواعد العامة لصحة الغذاء"، واللائحة الفنية رقم 21  (الشروط الصحية في مصانع الأغذية والعاملين بها) المعتمدة لدى الهيئة (يتم شطب الجملة التي تحتها خط في حال ان الجهات الرقابية معتمدة  لدى الهيئة العامة للغذاء والدواء)

The (competent authority) in (name of the country) requests to update the list of approved establishments for Breast-milk substitute for infants & Complementary foods for children through the amendments listed below, and accordingly, the competent authority confirms that the following establishments fulfill the SFDA Food Hygienic Requirements ([here](https://www.sfda.gov.sa/sites/default/files/2020-12/FoodHygieneRequirementsEn.pdf)), the SFDA.FD 1694 standard “*General Principles Of Food Hygiene*”,  and the SFDA.FD 21 technical regulation “*Hygienic Regulations For Food Plants And Their Personnel*”. (The underlined sentence is crossed out, if the competent authorities are approved on the Food and Drug Authority)

* طلب الإضافة (Addition):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🗌 Addition | | | | | | | |
| No. | Approval Number | Name | City/town | Region | Activity | Type | note |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| PP (Processing Plant) | | | | | | | |

السبب Reason:

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* طلب الإزالة (Delisting):

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 🗌 Delisting | | | | | | | |
| No. | Approval Number | Name | City/town | Region | Activity | Type | note |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| PP (Processing Plant) | | | | | | | |

السبب Reason:

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* طلب التعديل(Amendments) :

1. الوضع الحالي (Current Status)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🗌 Current Status | | | | | | | |
| No. | Approval Number | Name | City/town | Region | Activity | Type | note |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| PP (Processing Plant) | | | | | | | |

1. الوضع الجديد(New Status) :

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🗌 New Status | | | | | | | |
| No. | Approval Number | Name | City/town | Region | Activity | Type | note |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| PP (Processing Plant) | | | | | | | |

السبب Reason:

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| --- | --- | --- | --- | --- |
| **Competent authority stamp** | **date** | **signature** | **Name of responsible person** | **Competent authority name** |
| **اسم الجهة الرقابية** | **التاريخ** | **التوقيع** | **اسم الشخص المسؤول** | **ختم الجهة الرقابية** |
|  |  |  |  |  |