

HEALTHIER CHOICE LOGO® APPLICATION FORM

Section 1: Applicant Information

Name: _____

Designation: _____

Phone (mobile): _____ (office): _____

Email address: _____

Section 2: Company Information

Company name: _____

Telephone no.: _____ Fax no.: _____

Address: _____

Email address: _____

[Note to applicant: If you are applying for more than one product, you may print out additional sheets for Section 3 (pg 4-5)]

Section 3: Product(s) details

Product 1:

Product name: _____

Product category and sub-category (if applicable): _____

Place of manufacture: _____

(i) Ingredients

(ii) Preparation method (if applicable)



(iii) Nutrient value per 100g or 100ml

Nutritional components	Nutrient Content	<i>[For Healthier Choice Committee Use Only]</i>
	<i>(as in Certificate of Analysis)</i>	Nutrient Criteria
Energy/ Calorie (Kcal)		
Protein (g)		
Carbohydrate (g)		
Total Fat (g)		
Saturated Fat (g)		
Nutritional components	Nutrient Value	<i>[For Healthier Choice Committee Use Only]</i>
	<i>(as in Certificate of Analysis)</i>	Nutrient Criteria
Trans Fat (g)		
PUFA (g)		
MUFA (g)		
Sodium (mg)		
Calcium (mg)		
Dietary Fiber (g)		
Total sugar (g)		
Added sugar (g)		

Lab Report analysis

Please attach a copy of most recent nutrient report analysis (Certificate of Analysis) for product 1.

Product no. _____ :

Product name: _____

Product category and sub-category (if applicable): _____

Place of manufacture: _____

(i) Ingredients

(ii) Preparation method (if applicable)

(iii) Nutrient value per 100g or 100ml

Nutritional components	Nutrient Content <i>(as in Certificate of Analysis)</i>	<i>[For Healthier Choice Committee Use Only]</i>
		Nutrient Criteria
Energy/ Calorie (Kcal)		
Protein (g)		
Carbohydrate (g)		
Total Fat (g)		
Saturated Fat (g)		
Nutritional components	Nutrient Value <i>(as in Certificate of Analysis)</i>	<i>[For Healthier Choice Committee Use Only]</i>
		Nutrient Criteria
Trans Fat (g)		
PUFA (g)		
MUFA (g)		
Sodium (mg)		
Calcium (mg)		
Dietary Fiber (g)		
Total sugar (g)		
Added sugar (g)		

Lab Report analysis

Please attach a copy of most recent nutrient report analysis (Certificate of Analysis) for the product above.

Section 4:

Declaration

I hereby declare that the information contained herein is correct, complete and accurate to the best of my knowledge. If accepted for the Healthier Choice Logo[®], I will inform you of any changes to the information mentioned above.

If awarded the Healthier Choice Logo[®] for the above product(s), I understand that the Healthier Choice Logo[®] is a registered trademark protected by the *Brunei Darussalam Trade Marks Act (Chapter 98)* and will not use the logo for other products (or related materials) without prior approval from the Healthier Choice Committee, Health Promotion Centre, Ministry of Health.

Applicant signature

Date

Thank you for your application.

Please send this form, along with any relevant documents via our e-mail address:
hpc@moh.gov.bn

Alternatively, hard copy applications can be delivered to:
Healthier Choice Committee
Health Promotion Centre
Ministry of Health
Commonwealth Drive, BB3910
Bandar Seri Begawan, Brunei Darussalam

For more information, you may **contact** us at:

Healthier Choice Committee
Health Promotion Centre
Email: hpc@moh.gov.bn
Telephone no.: 2385800
Fax no.: 2384223