

进口肉类/肉类制品境外生产企业注册申请表

APPLICATION FOR EXPORT OF MEAT/MEAT PRODUCT TO P.R.CHINA

这是中华人民共和国海关总署(GACC)要求向中国出口肉类或肉类制品的境外屠宰、分割、加工、储存企业必须提供的用于评估和注册的申请。请用中文或英文提交，申请资料内容要求完整，以避免导致申请过程的延误。

NOTE: This application on foreign slaughterhouse and/or meat processing establishment is required by General Administration of Customs of the People's Republic of China (GACC) for evaluation and registration to export meat and meat products to China. All information must be submitted in Chinese or English. Complete Information must be provided in the information as inadequate/incomplete submission will result in delays. Please provide any additional information to support your application.

- 新增注册 Addition of establishment
- 新增注册产品品种 Addition of new type of product
- 改扩建 Reconstruction and/or expansion of establishment

第一部分 企业基本情况 Particulars of Establishment

- 1.1 企业名称 Name of Establishment:
- 1.2 地址 Address:
- 1.3 注册编号 Registration Number:
- 1.4 注册批准机构 Approval Authority :
- 1.5 建厂日期 Year Constructed:

1.6 改扩建日期、改扩建项目说明 (如适用)

Reconstruction and/or expansion date, description of expansion and expansion project (if applicable)

1.7 企业类型 Type of establishment

屠宰 slaughtering 分割 boning /cutting

加工 processing 冷藏储存 cold storage

常温储存 storage at room temperature

1.8 生产的产品种类 Types of products

1.9 出口贸易情况 (已出口的国家或地区, 对应出口产品品种)

Export trade (Export destinations and the corresponding type of product to be exported)

1.10 拟对华注册/增加的产品(详细列明拟输华产品具体品种,可提供产品照片)

Products for Registration/Addition to be exported to China (List the names of all the products for and attach the photos of products if it is possible):

1.11 已获对华注册资格时间、已批准出口产品种类 (如适用)

Date of approval and types of products approved to be exported to China (if applicable)

1.12 生产能力 Production capacity

屠宰线数量: _____ 条, 屠宰链速 _____ 只/头每小时;

Number of slaughtering lines: _____ , slaughter chain speed: _____ head/per hour

年屠宰能力：_____只/头，_____吨；

Annual slaughter capacity: _____ head, _____ tons;

年去骨分割能力：_____吨；

Annual boning /cutting capacity: _____ tons;

可食用副产品年加工能力（按产品品种描述，年/吨）：

Annual processing capacity of edible offal , describe by the product type-annual production capacity(tons):

肉制品年加工能力：_____吨（如适用）。

Annual processing capacity of meat products: _____ tons (if applicable).

1.13 制冷及储存能力 Refrigeration and storage capacity

制冰能力_____吨/天;

Ice making capacity: _____ tons/day;

冷藏库数量_____个，冷藏库容量_____立方米；

Number of cold storages: _____ with a capacity of _____ cubic meters;

冷冻库数量_____个，冷冻库容量_____立方米；

Number of freezer: _____ with a capacity of _____ cubic meters;

常温库数量_____个，常温库容量_____立方米。

Number of storage at room temperature: _____ with a capacity of _____ cubic meters.

1.14 生产对应关系（如适用） Production correspondence (if applicable)

对于独立的屠宰、分割、加工、常温/冷藏储存企业，请说明本企业产品相对应的来源企业以及转运到的下一家企业的名称、注册编号，说明对应的企业是否已获得在华注册资格。

For independent slaughtering, cutting, processing, and normal

temperature/refrigerated storage enterprises, please indicate the name with the registration number of the source company corresponding to the company's products as well as the next company to which the products will be transferred , and indicate whether the corresponding company has obtained the approval in China.

1.15 生产加工用水 Water supply for the production and processing

水源 Source of water :

公共用水 Public water

企业自有水源 Enterprise owned water source

如果是企业自有水源，是否对水进行消毒处理：

If the company has its own water source, is it disinfected?

是 否 (如适用)

Yes No (if applicable)

自有水源消毒处理方式：

Disinfection method of privately owned water source:

加氯处理 臭氧处理 其他_____ (如适用)

chlorination ozone other (if applicable)

1.16 人力资源 Human Resources

企业员工总数：___人；管理技术人员：___人

Total number of employees: _____person;
management technician:_____person

驻厂官方检验检疫人员：___人、派驻机构：_____

Official inspector in the factory: _____person,
accredited organization:_____

每日加工班次：___班、每周工作天数：___天

Number of shifts for processing:_____/day, number of working days per week:
day

1.17 联系人姓名、联系电话、邮箱

Contact name, telephone and E-mail:

第二部分 企业声明 Declaration by Establishment

声明上述情况及提交材料真实无误

I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.

提交人姓名和职务

Name and designation of person who submitted above information

法人签名和公司盖章

日期

Signature of the owner and Company Stamp

Date

第三部分 兽医主管当局确认 Verification by Veterinary Authority

经审核确认，兹证明该公司上述情况及提交材料真实无误。申请注册企业能够符合中国和（出口国国家或地区名称）相关卫生要求。

I HAVE VERIFIED THE ABOVE INFORMATION GIVEN BY THE COMPANY AND CERTIFIED IT IS TRUE AND CORRECT.

主管兽医姓名和职务

Name and designation of veterinarian who verified above information

主管兽医签名和主管当局盖章

日期

Signature and official stamp of veterinary authority Date