To: Japan Food Safety Management Association

\_\_ \_\_, \_\_\_

**Application for Cancellation of Registration of Auditor/Assessor for JFS Audit and Conformity Assessment Business**

|  |  |  |
| --- | --- | --- |
| Applicant company | Name : |  |
| (State registration information) | Address : | 〒 |
|  |  |  |
|  | Title of representative: |  |
|  | Name of representative: |  |

We apply for cancellation of registration of auditor/reviewer for JFS audit and conformity certification business for the following reasons.

Description

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Auditor/reviewer for which withdrawal of registration is applied and reason for withdrawal  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Name | Auditor ID | Registration business (☑ Check) | Reason for cancellation | | 1 |  |  | □ Auditor / □ Reviewer |  | | 2 |  |  | □ Auditor / □ Reviewer |  | | 3 |  |  | □ Auditor / □ Reviewer |  | | 4 |  |  | □ Auditor / □ Reviewer |  |  1. Contact information for this application: \*Sub-contact is optional | | | | | | | | | | | |
|  | 〒 | | | | | | | | | | |
| 1. Main: Department/title | | | | | |  | | | Name |  | |
|  | | | TEL: | ( ) - | | | FAX: | ( ) - | | |  |
|  | | E-mail: | |  | | | |  | | |  |
| 1. Sub: Department/title | | | | |  | | | | Name |  | |
|  | | | TEL: | ( ) - | | | FAX: | ( ) - | | |  |
|  | | E-mail: | |  | | | |  | | |  |