To: Japan Food Safety Management Association

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

**Notification of Information on Person to whom Audit Business is Entrusted**

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

We notify that we entrust the audit business to be performed in accordance with JFS audit and conformity assessment program document to the following audit company.

1. Information of the audit company to which entrustment is made

|  |  |
| --- | --- |
| Name : |  |
| Address : |  |
| (State registration information) |  |
| Date of commencement of entrustment |  |

1. Information of auditors of the entity to which entrustment is made

\* If implementation of the audit entrusted is limited to part of auditors, information of the relevant auditors only

|  |  |  |
| --- | --- | --- |
|  | Name | Auditor ID |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

Please increase the number of rows in this table and fill in as necessary or provide a separate table containing similar statements.

If there are any changes to the contents of application, please fill in only the changed part and submit it.