



FOODSTUFFS, CHEMICALS AND COSMETICS
DIRECTORATE
MALTA STANDARDS AUTHORITY

COSMETIC PRODUCT REGISTRATION FORM
FCC001

Date: ____/____/____

Company Name: _____

Company Address:

Manufacturing Site Address¹:

This product is manufactured: Under Licence Locally

If produced under licence, please give the address of the parent company:

Range Name²: _____

Products that are marketed under this range:

Contact Person: _____
Address: _____

Tel: _____ Fax: _____
Email: _____

Signature: _____

-----For Office Use Only-----
Reference Number: _____

¹ To be filled out if different from Company Address.
² This form needs to be filled out for each range manufactured, i.e. each range produced requires a separate form.