

Membership Application 2017/2018

New Application <input type="checkbox"/>	Renewal <input type="checkbox"/>
Company:	
Principle Contact:	
Position:	
Email:	
Address:	
Telephone:	Mobile:

Company Contact:	
Position:	
Email:	
Telephone:	Mobile:
Company Contact:	
Position:	
Email:	
Telephone:	Mobile:
Company Contact:	
Position:	
Email:	
Telephone:	Mobile:

How did you hear of the FBIA?
Do you know, or are you associated with any member of the Association? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who is the member?



Products Imported		
Main Import Categories	Tick	Source
Cereals and Cereal Products	<input type="checkbox"/>	
Meat, Eggs, and Fish	<input type="checkbox"/>	
Fruit and vegetables	<input type="checkbox"/>	
Edible oils/spreads	<input type="checkbox"/>	
Dairy Products	<input type="checkbox"/>	
Non-Alcoholic Beverages	<input type="checkbox"/>	
Alcoholic Beverages	<input type="checkbox"/>	
Sugars and honey	<input type="checkbox"/>	
Special Purpose foods (Infant formula, formulated meal replacements, formulated supplementary foods, formulated supplementary sports foods, food for special medical purposes)	<input type="checkbox"/>	
Other foods (Vinegar and related products, salt and salt products, chewing gum)	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	

Particular Issues of Concern regarding Importing

Membership Category			
Please mark the appropriate category:			
Category	Customs Value of Imports	Membership Fees (incl. GST)	Please tick
A	Up to \$10 million	\$1,500	<input type="checkbox"/>
B	Up to \$30 million	\$2,750	<input type="checkbox"/>
C	Up to \$50 million	\$4,950	<input type="checkbox"/>
D	Up to \$100 million	\$8,250	<input type="checkbox"/>
E	Over \$100 million	\$16,500	<input type="checkbox"/>
F	Associate	\$1,100	<input type="checkbox"/>
G	Retailer	\$8,250	<input type="checkbox"/>



Additional Information Requirements	
1.	<p>Is your company audited by an independent third party? Please provide certification details.</p> <p>HACCP Woolworths Quality Assurance Coles Supplier Requirements BRC Global GFS Primus Global GAP IFS PAC Secure GRMS Global Aquaculture Alliance Canada GAP FSSC 22000 SQF Institute ISO 9001 Department of Health (local)</p>
2.	<p>How often does your company audit your imports for compliance with the Food Standards Code?</p> <p>a. 6-monthly b. Annually c. Every 2 years</p>
3.	<p>Do you have a Food Import Compliance Agreement (FICA)?</p>
4.	<p>Which country do most of your imports come from? Please list countries.</p>
5.	<p>Do you have an approved supplier program? If YES, which program? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
6.	<p>How often do you practice a product recall?</p> <p>a. 6-monthly b. Annually c. Every 2 years d. What we have a product issue</p>
7.	<p>Do you have agreed specifications with suppliers for all products you import? If not, how do you ensure compliance with Food Standards Code and Import Conditions? Please detail.</p>
8.	<p>Do you have written agreements with your overseas suppliers? YES <input type="checkbox"/> NO <input type="checkbox"/></p>



9.	Do you deal with agents, or directly with every supplier or a mix of both? a. Agents b. Suppliers c. Agents and suppliers
10.	If you are using agents, do you know exactly who the final manufacturers of the goods are? YES <input type="checkbox"/> NO <input type="checkbox"/>
11.	Do you have a current certificate of compliance for each offshore manufacturer? YES <input type="checkbox"/> NO <input type="checkbox"/>
12.	How often does a company representative visit each overseas manufacturing site? a. Monthly b. 6-monthly c. Annually d. As needed
13.	Do you have a procedure for keeping up to date with Imported Food Notices and relevant changes to the Food Standards Code? YES <input type="checkbox"/> NO <input type="checkbox"/>

Would you like to receive a Membership Certificate? YES NO

Please send to the FBIA head office:

- 1) By post: PO Box 7622, Melbourne VIC 3004
- 2) By email: info@fbia.org.au

For Office Use:

Received:	
New Appl/Renewal:	
Submitted to Committee:	
Approved by Committee:	
Applicant advised:	
Date membership activated and Member No.:	
Certificate requested:	