

Please complete and return the form to Pillsbury –Consulting. 1. Name of organization: -----Managing Director's name: -----Address: -----Tel. No: ----- Fax. No: ----- Email: -----Position: -----Contact name: -----3. Please select the appropriate product and service that you are interest from us: A. Training □ Food hygiene level 2 (Food handlers) □ Food Safety awareness level 1 ☐ Food hygiene level 4 (Managers) □ HACCP for supervisors Level 3 □ Food hygiene level 3 (supervisors) □ HACCP for caterers level 2 □ Person in charge (PIC) training level 2 □ HACCP for Manager level 3 □ Person in charge (PIC) training level 3 □ 4C training particle Kitchen training □ HACCP Awareness ☐ HACCP Implementation □ Internal Audit HACCP □ ISO22000 awareness training □ ISO22000 Implementation B. Consultancy  $\square$  ISO 9001:2008  $\square$  HACCP  $\square$  ISO 22000  $\square$  ISO 14001 $\square$  SFBB C. Hygiene Audit □ Local compliance audit □ Cap analysis audit □ Solution audit □ Hygiene detective F. Other Training or queries -----4. Number of employees who participate:-----Sign :-----Date:-----