**Invitation for Feedback**

1. **Agri-Food and Veterinary Authority** invites interested parties to provide their feedback on the abovementioned. Submissions should reach AVA no later than **6:00 p.m., 15 December 2017**
2. Please use this template to provide your feedback and submit to **Christine\_he\_lee@ava.gov.sg**
3. Your responses to this consultation may be published. If you wish to keep your response or identity confidential, please indicate your preference by marking in the relevant column.
4. All comments received during the consultation exercise will be reviewed.

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| **Date submitted**\* | Click or tap to enter a date. | (Please use the following format: dd/mm/yyyy) |
| **Name** \* | Click or tap here to enter text. | **Preference for Name Confidentiality** | [ ]  Yes[ ]  No |
| **Designation** | Click or tap here to enter text. |
| **Organisation**\* **(Please put “NA” if you are not representing an organisation)** | Click or tap here to enter text. | **Preference for Organisation Confidentiality** | [ ]  Yes[ ]  No |
| **Mailing Address**\* | Click or tap here to enter text. |
| **Telephone/Mobile**\* | Click or tap here to enter text. | **Fax** | Click or tap here to enter text. |
| **Email Address**\* | Click or tap here to enter text. |

\* Required field

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| **Date** | Click or tap to enter a date. | **Name** | Click or tap here to enter text. | **Organisation** | Click or tap here to enter text. |

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| **Feedback****Number** | **Preference for Feedback Confidentiality** | **Regulation Topics****(Please indicate A, B, C, D or General)** | **Feedback** |
|  | **Yes** | **No** |  |  |
| **Example** |[ ] [x]  D | Click or tap here to enter text. |
| **1** |[ ] [ ]  Choose an item. | Click or tap here to enter text. |
| **2** |[ ] [ ]  Choose an item. | Click or tap here to enter text. |
| **3** |[ ] [ ]  Choose an item. | Click or tap here to enter text. |

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| **Date** | Click or tap to enter a date. | **Name** | Click or tap here to enter text. | **Organisation** | Click or tap here to enter text. |

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| **Feedback****Number** | **Preference for Feedback Confidentiality** | **Regulation Topics****(Please indicate A, B, C, D or General)** | **Feedback** |
|  | **Yes** | **No** |  |  |
| **4** |[ ] [ ]  Choose an item. | Click or tap here to enter text. |
| **5** |[ ] [ ]  Choose an item. | Click or tap here to enter text. |
| **6** |[ ] [ ]  Choose an item. | Click or tap here to enter text. |
| **7** |[ ] [ ]  Choose an item. | Click or tap here to enter text. |