

Our Ref.: FEHD/CRU/1-65-18/6

31 January 2019

Dear Sir/Madam,

**Proposed Amendments to the
Food Adulteration (Metallic Contamination) Regulation
Technical Meeting with Trade (4th Meeting)**

Please be informed that the meeting on the captioned has been scheduled for 14 February 2019 at 2:30 p.m.

The meeting arrangements are as follows:-

Date:	14 February 2019 (Thursday)
Time:	2:30 p.m.
Venue:	Conference Room, 1/F, New Wan Chai Market, 258 Queen's Road East, Wan Chai, Hong Kong
Language:	Cantonese (Simultaneous interpretation in English will be provided upon request)
Agenda:	1. Introduction of the Food Adulteration (Metallic Contamination) (Amendment) Regulation 2018 (Amendment Regulation) 2. Draft Guidelines on the Amendment Regulation 3. Any other business

Representative from your organisation is cordially invited to the meeting. Please complete the attached enrolment form and return it to us by facsimile (fax number 2787 3638) on or before 12 February 2019.

You may wish to visit the website of the Centre for Food Safety for information on the subject and the first meeting (http://www.cfs.gov.hk/english/whatsnew/whatsnew_fstr/whatsnew_fstr_PA_Food_Adulteration_Metallic_Contamination.html). For enquiries, please contact Ms TAM at 2381 6370.

Yours faithfully,



(Mr. KWAN Chi-wai)
for Controller, Centre for Food Safety

Encls.

有關《食物攙雜(金屬雜質含量)規例》的建議修訂
業界技術會議 (第四次會議) 報名表

**Enrolment Form of Proposed Amendments to the
Food Adulteration (Metallic Contamination) Regulation
Technical Meeting with Trade (4th Meeting)**

Please “✓” as appropriate 請在合式方格內加上“✓”號

機構名稱 Name of Organisation:	(中文 Chinese)
	(英文 English)
獲提名人姓名 Name of the Nominee:	(中文 Chinese)
	(英文 English)
電話號碼 Phone No.:	
傳真號碼 Fax No.:	
電郵地址 E-mail Address:	

英語即時傳譯服務

Simultaneous Interpretation Service in ***English***:

- ☐ 需要 Required
☐ 不需要 Not required

備註 Remarks:

- 每間機構可於報名表內提名最多一名會員。座位有限，先到先得。
Each organisation may nominate a maximum of one member in the enrolment form. Due to limited seats, we will adopt the principle of first come and first serve.
- 請說明是否需要即時傳譯服務。
Please indicate whether Simultaneous Interpretation Service is required or not.

簽名 Signature:	
姓名 Name:	
日期 Date:	