Dynamic Supreme Corp

FDA & FSVP Compliance Services - Client Onboarding Form

Please complete this form and return it with the requested supporting documents.

1. Company Information

Legal Company Name: _____

DBA (if applicable): _____

EIN: _____

DUNS Number (if applicable): _____

FDA Registration No. (if applicable): _____

Business Address: _____

Website: _____

2. Primary Contact

Name: _____

Title: _____

Email: _____

Phone: _____

3. Import Information

Importer of Record: _____

Customs Broker: _____

Port(s) of Entry: _____

Estimated Shipments per Year: _____

4. Products

List the products to be covered under this engagement:

_____

_____

_____

5. Foreign Supplier Information

Supplier Name: _____

Factory Address: _____

Country: _____

Contact Person: _____

Email: _____

FDA Registration (if applicable): _____

6. Services Requested

■ FSVP Program Development

■ Supplier Evaluation

■ FSVP Document Review

■ FDA Food Facility Registration

■ U.S. Agent Service

■ Annual FSVP Maintenance

■ Other: _____

7. Required Documents

■ Product Specifications

■ Ingredient List

■ Product Labels

■ Food Safety Plan / HACCP

■ GMP / GFSI / SQF / BRCGS / FSSC 22000 Certificates

■ Laboratory Reports

■ Recall Plan

■ Allergen Program

8. Client Acknowledgement

I certify that the information provided is true and complete.

I understand that Dynamic Supreme Corp provides consulting and administrative support services.

I acknowledge that my company remains responsible for compliance with applicable FDA regulations unless otherwise agreed in writing.

9. Signature

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____