

OPINION FORM

Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children

Name **OR** Organisation / position :

Address / email

Phone (home / office / mobile) Fax (optional)

Date

Details

Brief description of your opinion. (Please attach extra pages and/or a copy of the relevant reference materials, if necessary.)

Statement of Purpose

The personal data you provided are mainly used for processing your feedback within the Department of Health. They may also be disclosed to other government departments or related organisations for the same purpose.

Signature _____ Date _____

Return this form to: Family Health Service, Department of Health Room
1308, 13/F, Guardian House, 32 Oi Kwan Road Wan
Chai, Hong Kong

Email: hkcode@dh.gov.hk
Fax: (852) 2574 8977