



“Healthy Mall Project” Participation Form

Date: -----

Name of the Mall: -----

Name of the Managing Director: -----

Contact number of the Managing Director: -----

Name of the in-charge of the project from the mall: -----

Contact number of the in-charge: -----

Email of the in-charge: -----

Participation type:

- Silver Level (Health- Friendly Mall)
- Gold Level (Health- Promoting Mall)

Managing Director of the mall

By signing this form, I hereby acknowledge that I understand the project and its requirements and will cooperate with the Ministry of Health to implement the project in the mall within one year from signing this participation form.