

Affiliate Annual Report for Calendar Year 2023

UAE Association for Food Protection

1. Your Official Delegate to IAFP Affiliate Council and Contact

Enter in the fields below the information requested for your Association's official Delegate to the IAFP Affiliate Council and your official Contact for IAFP correspondence. **Delegate must be an IAFP Member**.

Official Delegate to IAFP Affiliate Council

Bobby Krishna Senior Food Safety Specialist - Dubai Municipality PO Box 67 Dubai – UAE

IAFP Member? Y ☒ N ☐

Official Contact for IAFP Corresp Delegate) Same	ondence (indicate "same" if person also serves as
IAFP Member? Y ⊠ N □	
2. Membership List	
a. Indicate the current total numbersb. How many NEW members joined	er of members in your Association: 14 ed your Association in 2023? 1
3. Meetings: Annual Meeting Webinars, etc.	/Conference, Educational, Workshops,
	cent general membership or major meeting (i.e., Annual st year? Please list number of attendees.
Dubai International Food Safety Confe Number of Attendees: 3381	rence 2023
b. Please provide the date(s) and local Meeting/Conference):	ation of your next scheduled major meeting (i.e., Annual
21 st to 23 rd October 2023 Dubai International Convention and Ex	hibition Center- UAE
c. List all other general membership m title, dates and attendance numbers.	neetings held in 2023 (excluding board meetings). Include
	June, 2023 18 Attendees

4. Awards and Scholarships

a. List members honored with an award from your Association and/or IAFP during 2023. Include name of award and qualification for award.

Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?
Click here to type recipient's name	Name of Award and how did recipient qualify?

b. List scholarships awarded during 2023; include recipient and qualification for scholarship.

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Scholarship Name/Amount	Recipient Name and how did recipient qualify?				
Scholarship Name/Amount	Recipient Name and how did recipient qualify?				
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Scholarship Name/Amount	Recipient Name and how did recipient qualify?				
Scholarship Name/Amount	Recipient Name and how did recipient qualify?				
Scholarship Name/Amount	Recipient Name and how did recipient qualify?				
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Scholarship Name/Amount	Recipient Name and how did recipient qualify?				

5. Web Communication

Please be sure to keep the IAFP office on your mailing list for newsletters, email, and other communications to your general membership.

Please provid	de your	existing	Affiliate's	Web	site	address	<u>AND</u>	date	last	upd	ated:
www.foodsaf	etyduba	ai.com									

Did	you	launch	a new	Affiliate	Web	site in	2023?	Y⊠	$N \square$
	<i>J</i>								

Attachment A (completion required)

Association Officers List

Provide the contact information requested below for all current officers of your Association. Please indicate if each officer is an IAFP Member (reminder: Your President and Delegate are required to be IAFP Members). The information you provide here is published on our website and in select membership materials. The information may be typed in the fields below or may be sent to our office by email, fax or regular mail.

Indicate the term dates (e.g., 2023–2024) for your current Executive Board:

Sultan Al Taher Chairperson Dubai Municipality Garhoud, Dubai – UAE PO BOX 67 Phone Number ??? smtaher@dm.gov.ae	Bobby Krishna Member Dubai Municipality Garhoud, Dubai – UAE PO Box 67 +971554041340 bkthulasi@dm.gov.ae
IAFP Member? Y ⊠ N □	IAFP Member? Y ⊠ N □
Fatma Mohamed Gomaa Mohamed Osman Secretary Dubai Municipality Garhoud, Dubai - UAE PO BOX 67 +971543521121 Fatma.gomaa2107@gmail.com	Amona Yousif Member Dubai Municipality Garhoud, Dubai – UAE PO BOX 67 +971556433878 ayhamed@dm.gov.ae
IAFP Member? Y □ N ☒	IAFP Member? Y □ N ☒