

Affiliate Annual Report for Calendar Year 2025

UAE Association for Food Protection

Affiliate Name

1. Your Official Delegate to IAFP Affiliate Council and Contact

Provide the information requested for your Association's current official Delegate to the IAFP Affiliate Council and official Contact for IAFP correspondence. (**Delegate must be an IAFP Member.**)

Official Delegate to IAFP Affiliate Council

Delegate Name	Bobby Krishna
Address 1	PO Box 67
Address 2	
City, State ZIP Country	Dubai, UAE
Phone Number	+971 55 4041340
Email address	bkthulasi@dm.gov.ae
IAFP Member? Y or N	Y

Official Contact for IAFP Correspondence (indicate "same" if person also serves as Delegate)

Contact Name	Bobby Krishna
Address 1	PO Box 67
Address 2	
City, State ZIP Country	Dubai, UAE
Phone Number	+971 55 4041340
Email address	bkthulasi@dm.gov.ae

IAFP Member? Y or N	Y
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2. Membership

- a. Indicate the current total number of members in your Association: 5
- b. How many NEW members joined your Association in 2025? Nil

3. Meetings: Annual Meeting/Conference, Educational, Workshops, Webinars, etc.

- a. On what date(s) was your most recent general membership or major meeting (i.e., Annual Meeting/Conference) during the past year? Please list number of attendees.

UAE Association's annual meeting was a part of the 19th Dubai International Food Safety Conference that was held from 17-19 November 2025. 6003 delegates participated in the event.

- b. Please provide the date(s) and location of your next scheduled major meeting (i.e., Annual Meeting/Conference):

16-18 November, 2026

- c. List all other general membership meetings held in 2025 (excluding board meetings). Include title, dates and attendance numbers.

Name of Meeting	Date(s) Held	Number of Attendees
Meeting of the Organizing Committee	5 Feb 2025	11
Meeting of the Program Committee	4 Jun 2025	8
Meeting of the Organizing Team	16 Oct 2025	54

4. Awards and Scholarships

- a. List members who were honored with an award from your Association and/or IAFP during 2025. Include name of award and qualification for award.

Award Name	Recipient Name	How did recipient qualify for award?

b. List scholarships awarded during 2025; include recipient and qualification for scholarship.

Scholarship Name/Amount	Recipient Name	How did recipient qualify for scholarship?

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 provide your existing Affiliate's website address AND date last updated:

www.foodsafetydubai.com

Did you launch a new Affiliate website in 2025? Yes ☐ No ☒

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 is published on our website and in select membership materials. The information may be typed in the fields below, or sent to our office by email, fax or regular mail.

Indicate the term dates (e.g., 2025–2026) for your current Executive Board: _____

Officer Title	Secretary
Name	Bobby Krishna
Address 1	PO Box 67
Address 2	
City, State ZIP Country	Dubai, UAE
Phone Number	+971 55 4041340
Email address	bkthulasi@dm.gov.ae
IAFP Member? Y or N	Y

Officer Title	President
Name	
Address 1	
Address 2	Dubai Municipality Garhoud, Dubai – UAE PO BOX 67 Phone Number –
City, State ZIP Country	
Phone Number	+971 44-5218900
Email address	smtaher@dm.gov.ae
IAFP Member? Y or N	Y

Officer Title	Communication Lead
Name	Amona Yousif
Address 1	Applied Nutrition Officer Dubai Municipality Garhoud, Dubai – UAE PO BOX 67
Address 2	
City, State ZIP Country	
Phone Number	+971556433878
Email address	ayhamed@dm.gov.ae
IAFP Member? Y or N	N

Before continuing, please check one of the boxes below:

☐ **CHECK HERE AND RETURN ELECTRONICALLY BY 3/3/26
IF YOUR AFFILIATE REQUESTS TO BE CONSIDERED FOR
ONE OR MORE 2026 AFFILIATE AWARDS. (You are required
to complete Attachment B.)**

☒ **CHECK HERE IF YOUR AFFILIATE DOES NOT WANT TO
BE CONSIDERED FOR A 2026 AFFILIATE AWARD.
(You are done! It is not necessary to complete Attachment
B.)**

Attachment B (optional)

Affiliate Award Considerations

*To be considered for one or more of the five Affiliate Awards to be presented at IAFP 2026, Affiliates are **required** to check the box next to the award(s) for which you wish to be considered and provide the related criteria (in English). (REMINDER: Please confirm IAFP Membership of your Affiliate President and Delegate*