

ROYAL GOVERNMENT OF BHUTAN MINISTRY OF HEALTH BHUTAN FOOD AND DRUG AUTHORITY



APPLICATION FOR ISSUANCE OF IMPORT PERMITS FOR SEAWEEDS

The Director Bhutan Food and Drug Authority Ministry of Health Thimphu

1. N	Name and Address of Applicant:				
	Contact information: Email:Phone No				
	Valid Trade License number/CID No				
	Expected date of arrival				
	Expected point of entry				
	Means of conveyance				
7. (Country of origin of food				
8. I	Final destination of the consignment				
9. I	Details of consignment(s)				
	Food Product (Name of Product, Manufacturer, Expiry/Best Before Date, Batch No.)	Packaging (Net weight)	Exporter		
	Use extra sheet				
11. (Label: Please attach a copy of the label Certificate of Analysis (CoA): Please attach a Laboratory*	copy CoA for heavy met	als from accredited		
Place: _	Date:Sign	ature of applicant:			

Document No: BFDA-IS-FM-210	Prepared by: MR	Approved by: Division head	Page 1 of 2
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