

**Form: BMRR XIV-LHS**  
**APPLICATION FOR LISTING OF HEALTH SUPPLEMENTS**

I/we.....hereby apply for listing of following Health Supplements manufactured by.....

Details of Health Supplement (*Use one application per product*)

<b>Name of Product</b>	<b>Pack size</b>	<b>Intended Use or Indication as printed on label and leaflet</b>	<b>Major Ingredients</b>

Application fee has been deposited to the Royal Government of Bhutan (*Please submit a copy*)

***Declaration (please tick the boxes):***

- I hereby declare that the documents submitted above/all information provided in the document above is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.
- I declare that I have read the regulation and I am fully aware that my application may be rejected if I do not fulfill the conditions or contravenes the provision(s) of the act and regulations made there under.
- If my application is granted, I shall abide by the Medicines Act and Regulations and any other standards set by the Authority

Signature of applicant:  
Name, address, contact no

Date: .....