



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག་ འབྲུག་བཟང་ཆས་དང་སླན་རིགས་དབང་འཛིན།

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



APPLICATION FORM FOR EXPORT OF FOOD COMMODITIES

Date:

Name and Address of Consignor/Exporter:		
Citizenship ID No:		
Food Safety License No. (if available):		
Invoice No. ¹ and Date (if applicable):		
Name of Consignment/product (HS Code, if required):	Number and description of packages (eg. Batch no., date of manufacture, date of expiry):	Quantity/ Net Weight:
Name & Address of Consignee/Importer:		
Specific requirements of importing country (Tick applicable requirement): *Kindly attach the latest test reports of your samples from any recognized laboratory.	<input type="checkbox"/> Export certificate/Health Certificate <input type="checkbox"/> Fit for human consumption* (BFDA-IS-FM-188) <input type="checkbox"/> Concern letter (Only for personal consumption: BFDA-IS-FM-189) <input type="checkbox"/> Others (Please specify)	
Country of Origin:		
Declared Port of Entry:		
Date of Export:		

Use additional sheets if required.

Name & Signature of applicant

¹ Invoice to be attached while submitting the application form.