

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*)

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

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: