



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་རྒྱན་ལག་ འབྲུག་བཟའ་ཆས་དང་སློན་རིགས་དབང་འཛིན།

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



APPLICATION FOR *OPHIOCORDYCEPS* EXPORT CERTIFICATE

The Officer in-Charge

_____ Dzongkhag
Bhutan Food and Drug Authority
Ministry of Health

I/We the exporter/Authorized agent of the exporter, herewith submit an application for issuance of an Export Certificate as described below.

A. FOR BOTH DIRECT EXPORT AND RETAIL (Licensed Cordyceps Exporter and High Altitude Residents)			
1. Name And CID No.		2. Mobile No:	
		3. Email address:	
4. Current Address:		5. Permanent address (if different from the current address):	
6. Date of Inspection requested		7. Place of Inspection requested	

B. FOR DIRECT EXPORT ONLY			
1. Trade License No. (For Licensed Cordyceps Exporters only)			
4. Gross Weight (Weight of Cordyceps and package)	_____Gm(s) _____Pieces	5. Net Weight (Weight of Cordyceps only)	_____Gm(s) _____Pieces
6. No. of packages			

7. Declared point of exit		8. Importing country	
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9. Name and address of Consignee:	
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10. Mode of conveyance		<input type="checkbox"/> Sea <input type="checkbox"/> Air <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/>	
		Passenger	
C. FOR RETAIL OUTLETS			
Gross Weight (Weight of Cordyceps and package)	<input type="text"/> Gm(s) <input type="text"/> Pieces	Net Weight (Weight of Cordyceps only)	<input type="text"/> Kg(s) <input type="text"/> Gm(s)
Total no. of packages			
Name of the outlet:		Contact no. of the outlet owner	
Address of the outlet			

Declaration		
<p>1. I/We the exporter/.authorized agent of the exporter declare that the information furnished in this form, to the best of our knowledge and belief, is true, correct and complete in every respect.</p> <p>2. I/We shall provide any relevant information and related documents connected with export of consignment for issuance of the Export Certificate.</p>		
Date:	(Official Seal of Exporter/Agent)	Signature:
Place:		Name: Designation: