



Ministry of Health
Bhutan Food and Drug Authority
CERTIFICATION SERVICES

*The Head
Bhutan Food and Drug Authority
Ministry of Health
Thimphu, Bhutan.*

Sub: **APPLICATION FOR RECERTIFICATION (RENEWAL) OF LICENCE.**

Dear Sir/Madam,

I/We would like to hereby submit my/our application for recertification/renewal of license as per the relevant Standard. The details of the factory/farm and the certificate/license for renewal are as below:

1. Name of the Factory/Farm: _____

2. Address of the Factory/Farm: _____

3. Contact Person(s) with Mobile No. and Email:

4. Details of Certificate/License for Renewal:

4.1 Certificate Number: _____

4.2 Issue Date: _____

4.3 Expiry Date: _____

4.4 Relevant Standard: _____

5. Scopes already covered:



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6. Any additional scopes desired:

We are submitting the following information related to products under the certification scope:

7. Details of products using certified marks.

8. Details of action(s) taken as per BFDA-CS's surveillance visit(s).



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9. Details of factory and market samples drawn and tested.

10. Details of Complaints received on certified products.

11. Please list all the supporting documents submitted with this application.



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12. Declaration:

12.1 I/We hereby declare that the information provided above is true and complete.

12.2 I/We understand that any false or incorrect information provided shall render my/our application invalid, or shall result in cancellation of certification, if it is already granted.

12.3 I/We understand that the terms and conditions as stipulated in my/our previous application remains the same.

12.4 I/We will abide by all the terms and conditions as updated by BFDA-CS from time to time.

Signature :

Name :

Designation :

Location :

Phone (if any) :

Date :

On behalf of (Insert company name and seal)