

गर्थिन्नः स्वतायमा द्वुगानवदः कर्षान्दन्द्रावन्द्रेगश्चन्दन्दहेवा यथा खेरा दर्मा मल्र

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



Controlled Substances and Medical Device Division

Form No: P (C)			
Regulation No: 4.3 (Part III)			
APPLICATION FOR IMPORT/EXPORT OF SCHEDULE V SUBSTANCES			
1. Applicant Details:		2. Schedu	le V Substance Details:
a) Name of the Applicant:		Name and quantity of the substance (s) to be imported:	
b) Applicant Address:		×	
c) Registration No. and Validity Date:			
d) Tax Payer Number:			
Total import/export during the last calendar year:	Balance stock of su on the date of Appl	. ,	Purpose of Import:
Name and address of party from whom being imported/ to whom being exported (Full address of the party):			
Country of import/export:		Customs station through which the import/export will take place:	
Detailed address of premises where the schedule V substance (s) will be kept/stored/dealt with after import (storage place)			
I/we hereby declare that the information provided above is true to my/our knowledge and belief. I/we shall be liable for			
the consequences if any information provided is found to be false or misleading.			
NT	G • 4		
Name:	Signature:		Official Seal
Name: Designation:	Signature:		Official Seal

PABX: +975-2-327031/325993 for Food and Biosecurity Division, 337074/337075 for Medical Product Division and 335371/336577 for Controlled Substance & Medical Devices Division



