



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག་ འབྲུག་བཟའ་ཆས་དང་སློན་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/Applicant:			
Citizenship ID No:			
License No. (if available):			
Name of Consignment:	Number and description of packages:	Quantity:	
Name & Address of Consignee:			
<i>Specific requirements of importing country (Tick applicable requirement):</i> <i>*Kindly attach the latest test reports of your samples from any recognized laboratory.</i>		<input type="checkbox"/> Export certificate* (BFDA-IS-FM-95)	
		<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)	
Entry port for Export:			
Date of Export:			

Use an additional sheet if required.

Name of applicant

Signature

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