

## Ministry of Health Bhutan Food and Drug Authority CERTIFICATION SERVICES

47-4

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

## Sub: <u>APPLICATION FOR RECERTIFICATION (RENEWAL) OF LICENCE.</u>

Dear Sir/Madam,	(full factors
I/We, operating my/our business at	
and office address) under name of	
Certification Licence No dated	
further period of three years, the terms and conditions being the same as stipular previous application and the aforesaid license, and/or such other conditions may stipulate.	ated in my/our
We are attaching the following information related to products bearing BFDA Mark affected under the license, in the operative year:	A Certification
1. Details of products using certified marks.	
2. Details of action(s) taken as per BFDA's surveillance visit(s).	



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3. Details of fa	actory and market samples drawn and tested.	
4. Details of C	Complaints received on certified products.	
	g herewith a bank draft no dated drawn on towards the following dues:	for
i. Recertificat	tion application fee of	
<ul><li>ii. Marking fe</li><li>iii. Previous du</li></ul>	ee of ues (as per your notice) of	
iii. Previous at	des (as per your notice) of	
Signature	:	
Name	:	
Designation	:	
Location	:	
Phone (if any)	:	
Date	:	
On behalf of	(Insert company name and seal)	