



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཆས་དང་སྐྱོན་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 additional sheet if required.



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཚས་དང་སྐྱོན་རིགས་དབང་འཛིན།

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INSPECTION SERVICES

APPLICATION FORM FOR EXPORT OF FOOD COMMODITIES

Name of applicant

Signature

<i>Doc. No: BFDA-IS-FM-93</i>	<i>Prepared by: Technical Focal</i>	<i>Approved by: Division Head</i>	<i>Page 2 of 2</i>
<i>Issue No: 02</i>	<i>Issue Date: 15 March 2023</i>	<i>Revision No: 02</i>	<i>Revision Date: 11 April 2023</i>