Application Form for Drug Export License

Application No.:		Approved by:	
Name and Address of Exporter:			
Name and Address of Importer:			
Mailing Address:		Contact Number:	
No. of Purchase Contract or Order:			
Content of Controlled Substance:		Import License No.:	
Date of Issuance of Import License:		Expiry Date of Import License:	
Export Port 1:		Custom District 1:	
Export Port 2:		Custom District 2:	
Importing Country/Region:		Usage:	
Import Port:			
Collection Method:	☐ Mailing ☐ On-site collection	Whether it is an agent or not?	☐Yes ☐No
Unified Social Credit Identifier of Client:			
Name of Client Enterprise:			
Remarks of Control Type for Exported Drugs:			
If it is an imported drug returned, please specify:			
Name of Exported Drug:			
Dosage Form:		Commodity Code:	
Packaging and Strength:		Quantity:	Unit: