Serial no.

ROYAL GOVERNMENT OF BHUTAN MINISTRY OF ECONOMIC AFFAIRS DEPARTMENT OF TRADE

APPLICATION FOR IMPORT LICENSE

This application must be submitted in <u>triplicate</u> along with copy of the Supplier's Pro-Forma Invoice or other documentary evidence in lieu of the pro-forma invoice indicating the value of goods to be imported. For restricted good, the original copy of the permit issued by the relevant agency shall also be submitted. For imports of government departments/agencies under Rule 6, the form in Appendix-I of the Rules and Procedures for Imports from Third Countries must accompany this application. <u>Please complete using</u> <u>BOLD letters.</u>

1.	Name and A Telephone N Office: Residence: Fax No:	ddress of Applicant. No					
2.	Import Hous	se Registration No.					
3.	Business Ide Tax Payer N	entifiers Code No.					
4.	Trade Licen	se No.					
5.	Details of go	oods to be imported: (Pleas	e use separa	ite sheet if ne	cessary)		
Invoice No.	e BTC No.	Commodity Description	Country of Origin	Unit Nos., Kg., Meters, Etc.	Quantity	Rate	Total Cost
	e BTC No.	Commodity Description	of	Nos., Kg., Meters,	Quantity	Rate	
	e BTC No.	Commodity Description	of	Nos., Kg., Meters,	Quantity	Rate	
No.	oods are impo	rted in a container, please s 40 Feet Other	of Origin	Nos., Kg., Meters, Etc.		Rate	

7.	Name and address of consigner:
8.	Country from which goods consigned:
9.	Mode of shipment (Please tick) Sea Air Road
10.	Point of entry in Bhutan: (Please <i>tick</i>) Phuentsholing Paro Other
	If other, please specify the name of point of entry
11.	Bank through which payment will be remitted:
12.	Payment Type: TT \[DD \] Others \[Others \]
	If other, please specify nature of payment
13.	If the import of the goods does not involve any payment, please indicate the nature of transaction: **Gift Operation Personal effect Operation Of the Company of the Compa
	a) If you have market Gift, please indicate the name and address of the person giving the gift:
	b) If other, please describe the nature of the transaction:

Declaration

14.	I/we hereby confirm that the statements made on this form are true to the best of my knowledge and belief, and that the goods in respect of which I/we have applied for import license shall be imported into Bhutan in accordance with the prescribed Rules and Procedures, and that I/we shall faithfully abide by the conditions subject to which the License is granted. Incase the Declaration is proved false; I/we shall be liable for any fine, penalties or be prosecuted.				
	Date	(Signature)			
		(Name & Designation)			
		Legal Stamp			

Appendix I

BUDGET VERIFICATION FOR GOVERNMENT IMPORTS

(TO BE FILLED IN BY THE BENEFICIARY AGENCY AND ATTACHED TO IMPORT LICENCE APPLICATION AND TO BE SUBMITTED IN DUPLICATE.)

A) Name of the Government Agency: AU- PROG-SUBPROG-ACT-SUBACT-FINCODE-OBC B) Budget Codes C) Budget Provision, Nu. D) Budget utilized so far, Nu. E) Budget balance, Nu. (Head AFD) (Head, Finance Section) Name Name Designation Designation DBA/ dated: Department of Budget & Accounts certify that there is a: Budget availability of Nu. for the purpose. Remarks if any: Signature Name

Designation

NOTE:

- 1. Appendix I should be filled in by the Accounts section of the AFD's.
- 2. The Appendix should be submitted for import for Government budgeted purchases only.
- 3. For imports both in kind and cash for which there is no budget provision, prior incorporation has to be processed through DADM.
- 4. For items purchased by way of re-appropriation, a copy of the re-appropriation order should be attached for processing the verification.

Appendix - II

APPLICATION FOR REMITTANCE OF FOREIGN CURRENCY FOR IMPORT PAYMENT

1.	Application's	name a	and Add	ress						
2.	Importer Reg	istratio	n Numbe	er						
3.	Details of Im	port Li	cense							
	License Numl	ber	Date of 1	Issue	Expiry	Date	Face	e Value		
4. I	Details of goods	to be in	nported							
	Description of Goods	Quant	ity	Price p	er Unit	Total pri	ce	Country of Origin		untry from
5.	Amount to be	remitte	ed							
6.	If the amount the reasons th							Import Lice	nse, s	tate
7.	Name and add	dress of	f benefic	iary to v	vhom pa	syment is to	be ro	emitted		
8.	If remittance the details of				sly agair	st the Impo	ort Li	cense, pleas	e give	÷
	Date			Amount	;	Consun		cleration For nitted	m	

9.	Method of remittance	L/C	TT		Others		
10. If remittance is by TT , please state the name and address of the bank and the beneficiary's account number.							
11. Method for payment of counter value of foreign currency: Cash By Cheque By debit to our Account No.							
<u>Declar</u>	ration_						
I/We hereby declare that the statements made by me/us on this form are true, and that I/we have not applied for remittance through any other bank. I/We declare that the goods in respect of which the remittance is made shall be imported into Bhutan. I/we undertake to furnish to the bank within the stipulated period, the relative Customs stamped Customs Declaration Form, and to comply with all conditions subject to which the remittance is made.							
Signa	ture						
Date.							
Name							
To be completed by bank We hereby confirm having remitted foreign currency against the application as follows:							
	Date Date	Currency			Amount		
	2.000	Currenc	,				
Name	Name of BankSignature						
	Name						
			Title				