

[様式 12] [FORM 12]

() 輸入 確認申請書 (Import Confirmation Application Form)

品 名 (Name and Size of the Import Products)		数 量 (Quantity)
輸入の目的 (Purpose of Import)	5. For Personal Use 8. Other Purpose ()	
誓約事項 (Oath)	<input type="checkbox"/> The import products above are solely for the purpose of import above, not for commercial use and /or gift for others.	
確認事項 (Confirmation matter)	<input type="checkbox"/> Within the past two years, I have not violated the laws and regulations related to pharmaceutical affairs stipulated by Cabinet Order or the disposition based thereon.	
輸入しようとする品目の製造業者名及び国名 (Name of manufacturer and Country Origin of Import Products)		
輸入年月日 (Import Date / Arrival Date)	船荷証券、航空運送状等の番号 (AWB No., B/L No. or Flight No.)	到着空港、到着港又は蔵置場所 (Arrival Place (Airport, port or Storage place))
____ / ____ / ____ (Year) (Month) (Date)		
備考 (Note)		
確認欄 (For Official Use)	特記事項 厚生労働大臣 (近畿厚生局長) ㊞	

I apply for confirmation which affects import by the above.

____ / ____ / ____
(Year) (Month) (Date)

Name of Importer _____

Importer's Signature _____

Address of Importer _____

Phone Number _____

E-mail _____@_____

(To Minister of Health, Labour and Welfare)

厚生労働大臣 (近畿厚生局長) 殿