

[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) (印) | |

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