

[様式 12] [FORM 12]

e. g. Medicine, Medical Device, Cosmetics

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

品 名 (Name and Size of the Import Products)		数 量 (Quantity)
1. Aspirin tablet 200mg 2. K-PAP Machine Set ・ K-PAP Machine ・ K-PAP Mask (For replacement) ・ Tube(For replacement)		1. 100 tablets 2. (Details) ・ 1 unit ・ 3 sheets ・ 3 tubes
輸入の目的 (Purpose of Import) 5. For Personal Use 8. Other Purpose (For Sports Events)		
誓約事項 (Oath) <input checked="" 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 checked="" 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.		
輸入しようとする商品の製造業者名及び国名 (Name of manufacturer and Country Origin of Import Products) Kouseikyoku Co.Ltd. Japan		
輸入年月日 (Import Date / Arrival Date) 2020/Jun / 19 (Year) (Month) (Date)	船荷証券、航空運送状等の番号 (AWB No., B/L No. or Flight No.) Japan Airlines JLXX	到着空港、到着港又は蔵置場所 (Arrival Place (Airport, port or Storage place)) Kansai International Airport
備考 (Note) 備考	If you are bringing medication with you to Japan, you must write your flight No.	
確認欄 (For Official Use) 確認欄	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.

2020 / Jun / 1
 (Year) (Month) (Date)

Date of Request

Name of Importer (Your Name)

Importer's Signature

Address of Importer (Your Home Address)

Phone Number

E-mail XX @ gmail.com

(To Minister of Health, Labour and Welfare)

厚生労働大臣 (近畿厚生局長) 殿

Indicate the one we can reach.