

# Export Permit for Medical Devices

**Permit Number:**

**Issue Date:** \_\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Exporter Information

**Company Name:**

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Person:**  
\_\_\_\_\_

**Phone / Email:**  
\_\_\_\_\_

## Consignee Information

**Company Name:**

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Country of Import:**  
\_\_\_\_\_

## Medical Devices for Export

#	Device Name	Model/Type	Quantity	HS Code
1	_____	_____	_____	_____
2	_____	_____	_____	_____

## Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and that all medical devices comply with applicable regulations for export.

### Authorized Representative

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### For Regulatory Authority Use Only

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_