

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: ____ / ____ / ____