



Receipt No.	
Date of receipt	
Receiver	

Application for Letter of Permission for Exportation of Hygienic Mask out of the Kingdom

1. Applicant for Exportation Surgical Mask Disposable Mask Used in Industrial Factory
 Disposal Dust Mask

Name	Address

2. Receiver at Destination Place

- Surgical Mask Disposable Mask Used in Industrial Factory Disposal Dust Mask

(Name/Address/Telephone of Purchaser)

1.	
2.	
3.	

3. Details Surgical Mask Disposable Mask Used in Industrial Factory Disposal Dust Mask

Name of Goods	Type / Grade	Quantity (Piece / Kilogram)

4. Exportation

Starting Place	Destination Place (Name of Country/Address/ Quantity (Piece / Kilogram))		
	1.		
	2.		
	3.		
Truck	Vessel	Other	Registration Number
Date of Exportation..... at hrs.			

5. Certification

To file this application for receiving the letter of permission for exportation of hygienic mask out of the Kingdom as mentioned above, and to certify that the aforesaid statement is true and correct in all respects.

(Signed) Applicant

(.....)

...../...../.....

(A seal of juristic person to be affixed)