



| | |
|-----------------|--|
| Receipt No. | |
| Date of receipt | |
| Receiver | |

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

1. Applicant

1.1 Applicant for Exportation Producer Distributor Other (Please Specify).....

1.2 Goods Applied for Permission for Exportation

Medical Mask Disposable Mask Used in Industrial Factory Disposal Dust Mask

| Name | Address |
|------|---------|
| | |

2. Receiver at Destination Place

Medical Mask Disposable Mask Used in Industrial Factory Disposal Dust Mask

(Name/Address/Telephone of Purchaser)

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

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

| Name of Goods/ Customs Tariff | 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 the exportation of the hygienic mask out of the Kingdom as mentioned above, and to certify that the aforesaid statements are true and correct in all respects.

(Signed) Applicant

(.....)

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

(a juristic person's seal to be stamped)