

Receipt No.	
Date of receipt	
Receiver	

(Official Emblem)

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 for Industrial Factory Disposal Dust Mask

Name	Address

2. Receiver at Destination Place Medical Mask Disposable Mask for Industrial Factory Disposal Dust Mask

(Name/Address/Telephone of Purchaser)

1.	
2.	
3.	

3. Details Medical Mask Disposable Mask for 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 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)