

**Maldives Food and Drug Authority**

**Ministry of Health**

**Male', Maldives**



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### Application for Health Clearance of Designated Products for Noncommercial Use

SECTION 1 – APPLICANT INFORMATION		
Applicant's Name:	Address:	Fingerprint
NID/PP No.:		
Contact No.:		
Email:		
AWB/BoL No.:		

SECTION 2 PURPOSE OF IMPORT (tick as appropriate)	
Sample <input type="checkbox"/>	Personal use <input type="checkbox"/>

SECTION 3 – LIST OF PRODUCTS INTENDED FOR IMPORT					
#	Name of Product	Brand	Country of Origin	Weight/Volume per unit	Quantity
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

\* Please attach additional page, if required.

SECTION 4A – DECLARATION	
I, _____, ID number: _____, hereby declare that the listed products are strictly for personal use and not for sale or distribution. In case any of the above information is false or untrue or if the product is used for any purpose other than that mentioned above, I am aware that I shall be held liable for it.	Signature
	Date:
SECTION 5: REQUIRED DOCUMENTS	
<ul style="list-style-type: none"><li>• Applicant's NID Card (Copy)</li><li>• Child's NID card/ Birth Certificate (Copy)</li></ul>	

**SECTION 4: FOR OFFICIAL USE****Received By:**

Name:

Date:

Designation:

Signature:

**LIST OF PRODUCTS RELEASED**

#	Name of Product	Quantity	Weight
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL			

**Released By:**

Name:

Date:

Designation:

Signature:

Official Stamp