## APPLICATION FORM FOR EXPORT OF NARCOTIC DRUGS/ PSYCHOTROPIC SUBSTANCES NARCOTICS DRUGS & PSYCHOTROPIC SUBSTANCES AND THEIR SALTS

(Under Narcotic Drugs & Psychotropic Substances Rules, 1985)

1.	Exporter:		,
	(i) Name:		
	(ii) Address:		
	(iii) CBN Registration No.:		
	(for psychotropic substances)		
2.	Importer:		
۷.	(i) Name:		
	(ii) Address:		
3.	Details of substance to be exported:		
Sl.	Number of Packages Name / Description of the	Overtity of substance /	Active content of base
	number of Packages Name/ Description of the substance/ preparation	Quantity of substance/ preparation	Active content of base
No.	substance/ preparation	preparation	substance
i.	(Only four items are allowed in a single application)		
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4.	Port of Exit/Export: (Also intimate the name of		
	Custom office from where customs clearance will be		
-	done)		
5.	Port of Entry into Importing Country:		
	Mode of transport: (Air/Sea/ Surface transport)		
6.	Route to be followed by the shipment from the port		
	of export to destination:		
7.	Details of Import Certificate/ Permit or any relevant document issued by the Competent National Authority:		
	(i) No. & Date:		
	(ii) Name of Issuing Authority		
	(Original copy shall be enclosed. If the certificate/ permit is not in English language, an authentic copy		
	translated in English shall have to be enclosed with the original copy)		
8.	Details of Purchase Order:		
	(i) No. & Date:		
	(ii) Name of Issuing firm/ company:		
	(iii) Cost per unit/kg (iv) Total cost: (v) Means of payment (vi) If purchase order is not placed by the importer, then provide name and address of the		
	intermediary/ agent who has placed the o		
	extent of his role in the said transaction in	n respect of both intermedi	aries in India and abroad.
	(Describe in detail):		
	(An attested copy of the purchase order or accepted proforma invoice shall have to be enclosed. If the document		
0	is not in English language, an authentic copy translated in English shall have to be enclosed)		
9.	Details of Drug License issued by the State Drugs Controller/ FDA:		
	(i) License No. & Date:		
	(ii) Validity:		
	(iii) Name & address of Issuing Authority	t -h -ll h t - hlh	
10	(A attested copy of the license along with the product list shall have to be enclosed)		
10.	Details of State Excise permit (in case of Narcotic drugs	<u>):</u>	
	(i) Permit No. & Date:		
	(ii) Validity:		
	(iii) Name & address of Issuing Authority		
4.4	(An original copy of the Excise permit shall have to be enclosed)		
11.	Details of fee for each export authorization:		
	(i) Demand Draft No. & Date:		
	(in favour Drawing & Disbursing Officer, Central Bureau of Narcotics payable at Gwalior)		
	(ii) Name of Issuing Bank:		
	The undersigned hereby declares that the above information submitted by me is to the best of my knowledge		
	complete and correct.		

Date:

Signature & Seal of Exporter
Name & Designation of the signing Person:
e-mail address of signing person:
e-mail address company:

Mobile No.:

Telephone No.:

*Note*: Export of consignment through bank/ Post Office Box/ Courier is not allowed.

## BACKGROUND INFORMATION TO BE SUBMITTED BY EXPORTERS OF NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES

The information/ questions below are intended to assist the Central Bureau of Narcotics to deal expeditiously with this application. Failure to provide full answers may lead to non-issuance of export authorization

- 1. Is the export for the purpose of Re-export? If so provide details thereof.
- 2. Has your company been authorized previously by Central Bureau of Narcotics to export any narcotic drugs/ psychotropic substance? If so indicate the No. & Date of the last three export authorization issued in your favour by CBN.
  - (i)
  - (ii)
  - (iii)
- 3. Whether the exporter has submitted the details of exports and monthly return up to the preceding month in the calendar year against the export authorization issued to them? If so the date of submission of return.
- 4. Name of Ultimate Consignee and destination of narcotic drugs/ psychotropic substance(s) in question:
- 5. Is the Consignee a new customer for narcotic drugs/ psychotropic substance(s)? If so, what is the nature of customer's business
- 6. To what use will the narcotic drugs/psychotropic substance(s) be put and by whom?
- 7. Please give details of customer's instruction for packaging and labelling of consignment.
- 8. Is the shipment destined for, or will it transit a free trade zone, free port or bonded warehouse? If so, provide details.
- 9. Are you a manufacturer exporter or trader exporter? If so, from where you procure the raw material/ finished product? Name and address of the manufacturer/ supplier along with the quantity & price thereof.
- 10. Are you owner of the goods or you are exporting the consignment on behalf of other? Give details.
- 11. Has any No Objection letter or any relevant document obtained from the Drug Authority/ CDSCO under the provisions of Drugs & Cosmetics Acts/ Rules for the substance allowed for manufacture for export purpose only Attach original copy of the same.
- 12. Central Excise Registration details:

**Registration No. & Date:** 

Name & full Address of Range/Division and Commissioner ate:

(If an applicant is not having Central Excise Registration, provide the details of other registrations (eg. Green-card, SEZ certificate, Sales Tax No.) as a separate annexure to this application form)

## **Declaration by applicant:**

I confirm that to the best of my belief all the information provided in this form is true. Date:

Signature & Seal of Exporter Name & Designation of the signing Person: e-mail address of signing person and company: Mobile No.: Telephone No.: