

# Export Declaration Form for Pharmaceuticals

Exporter Name:

Exporter Address:

Exporter Contact:

Importer Name:

Importer Address:

Destination Country:

Port of Export:

Date of Export:

## Pharmaceuticals Details

Product Name	Batch No.	Qty	Unit	Manufacture Date	Expiry Date

Purpose of Export:

Declaration:

Name of Authorized Signatory:

Designation:

Date:

Signature:

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