輸入錠狀、膠囊狀食品許可文件展延登記申請書

APPLICATION FORM FOR EXTENSION OF PERMIT DOCUMENT FOR IMPORTED FOOD IN TABLET OR CAPSULE FORM

受 文 者 Recipient：衛生福利部 Ministry of Health and Welfare

主　　旨：本公司擬由「＿（原產國）＿＿＿＿＿＿（製造廠名稱）＿＿＿＿＿」輸入「＿＿＿＿（中文品名）＿＿（英文品名）＿＿」□錠狀□膠囊狀食品一種，申請展延　貴部＿＿＿年＿＿月＿＿日○○○字第＿＿＿＿＿＿＿＿號書函有效期限。

Subject: Application for extension of the permit document (No. ＿＿＿＿＿＿＿＿) issued by MOHW on ＿＿＿＿＿＿(Date) for imported food ＿(Product Name)＿ in □ tablet or □capsule form from ＿(Country of Origin)＿(Name of Original Manufacturer)＿＿.

說　　明：檢附之書件、資料如左（打V記號者）：

Description: The attached documents and information include (ticked items):

□(一)展延申請書乙份。Extension Application Form, one copy

□(二)原許可文件正本。Original Permit Document, original copy

□(三)**原製造廠於近一年內出具之續售同意文件正本或產品原料成分含量表正本乙份。**Supply Agreement renewed and signed by the original manufacturer within one year (original copy) or Product Ingredient Table (original copy);

□(四)**市售產品乙份。**One sample of the off-the-shelf product.

備註 Remarks：

一、詳細之申請手續，請依本部提供之輸入錠狀、膠囊狀食品查驗登記作業要點說明辦理。Please follow the MOHW's *Guideline on Registration of Imported Food in Tablet or Capsule Form* for the details of the application procedures.

二、凡未依規定檢附說明段所述之（三）、（四）項任一文件資料者，抑或所附不符合登記作業要點規定者，該申請案不予登記，故請提出前詳加確認。In case of failure to attach the documents set forth in the Items (3) and (4) of the above Description according to the requirements, or where the attached documents are not compliant with the *Guideline on Registration of Imported Food in Tablet or Capsule Form*, applications will not be entertained. Please carefully check the attached documents before submission.

申 請 商 號 Name of the Applicant：　　蓋章(Company Seal)

負　責　人 Responsible Person：　　蓋章(Seal)

食品業者登錄字號 Food Business Registration Number：

地　　址 Address：

電　　話 Telephone Number：(　　)

連絡人 姓 名 Contact Person：

連絡人 電 話 Telephone Number：(　　)

中　華　民　國　　年　　月　　日

Date(yyyy/mm/dd): ＿＿＿＿ / ＿＿＿＿ / ＿＿＿＿