



དཔལ་ལྷན་འབྲུག་གཞུང་།  
འབྲུག་རྒྱལ་ཁབ་རྒྱུ་ལས་ཁུངས་འཛིན་དབང་འཛིན།  
**ROYAL GOVERNMENT OF BHUTAN**  
**Bhutan Narcotics Control Authority**  
**Thimphu: Bhutan**



Form No.: P (A)  
Regulation No.: 4.1 (Part III)

### Application for Registration in Respect of Schedule V Substances

|  |   |
|--|---|
| 1. License Holder:<br>(name, address, phone, fax, email)   | 2. License Details:<br>a). License Name:<br>b). License Number:<br>c). Tax Payer Number:          |
| 3. Particulars of Director/Partners/Proprietor:<br>(name, address, phone, fax, email)  | 4. Nature of Business:  |
| 5. Whether the company/firm or its Directors/Partners/Proprietors or the applicant has ever been convicted or charged with criminal offence under the law of Bhutan.<br><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | 6. Address of the premises where the schedule V substances will be kept/stored/manufactured, etc. |

I hereby declare that the information provided above it true to my knowledge and belief. I shall be liable for the consequences if any if the information provided is found to be false or misleading.

Signature:

Name:

Designation:

Address:

Official Seal: