

FORM B
(See Regulation 12)
Annual return by Food Importer

Food Importer Code

For the Period: to

dd mm y y y y *dd mm y y y y*

Name and address of the Importer:

Food Business Operator No: Valid: Yes No

DGFT No: Valid: Yes No

A. General Information

	Value (in INR)	Volume
Total Imports	: _____	_____
Food Imports	: _____	_____
Food Imports rejected:	_____	_____

B. Details of Food Imports

i Food Imports during the year

	Food item	Source Country	Value (in Rs lakhs)	Volume (in MT)	Port of Entry
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____ c.
	_____	_____	_____	_____	_____ d.
	_____	_____	_____	_____	_____

(Add extra Sheets if necessary)

ii. Rejection information

Food item rejected	Source Country	Value	Reason for rejection
a. _____	_____	_____	_____ b.
_____	_____	_____	_____ e.
_____	_____	_____	_____

Date:

Place:

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Signed

(Food Importer)

Name and Designation