

**FORM D**

**(See Regulation 49)**

**Application for Release of samples**

Importer License No:

Date:

*mm dd y y y y*

Name and address of the Importer:

\_\_\_\_\_

NOC No: \_\_\_\_\_ Date of NOC : \_\_\_\_\_

Food item under consideration: \_\_\_\_\_

I,....., the importer / the authorized representative of the importer request you to release the samples maintained in your custody, .

Date: .....

Place: .....

.....

Signed

(Applicant)

.....

.....