**Disclosure and undertaking form for requesting permission to import Distillation Devices**

**(Printed on the importer's official paper)**

We, (Establishment Name)...............has commercial registration number.... (If any)... ....and with reference to our request in the Ghad electronic system, which includes a request for permission to import Distillation devices according to the following data:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SL. No | Item Name | Quantity | Quantity Unit | Invoice Sequence  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

Coming through the port...................................................We pledge to the following:

1. The conditions of transportation and storage shall be taken into account in accordance with requirements of the Saudi Food and Drug Authority and the manufacturer’s recommendations, in addition to clarifying the storage location after clearing the consignment (shipment).
2. All attached documents and data are correct and related to the items mentioned in the application
3. Use the materials required to be imported for the purpose for which they were brought, in addition to not trading these materials in places other than those designated for that. We also bear all damages resulting from misuse or using them for a purpose other than they were brought.
4. Receiving materials from customs upon their arrival without any delay. As well as, we also bear any responsibility resulting from this delay.
5. Bring the original invoice and certificate of origin to the port of arrival.
6. The staff shall be academically and practically qualified.
7. Maintaining documents and data records of incoming, outgoing and consumed quantities annually.
8. The shipment items contained in the above invoice contain:

|  |  |
| --- | --- |
| 8.1 Radioactive Substance | Yes or No? |
| Name of Radioactive substance (if yes): …………………………. |
| 8.2 Chemicals subject to public security control | Yes or No? |
| Name of Chemical substance (if yes): …………………………. |
| 8.3 Narcotic Substance | Yes or No? |
| Name of Narcotic Substance (if yes): …………………………. |

|  |
| --- |
| Signature  |
| Name of the responsible person |  |
| Job title |  |
| Date  |  |
| Signature  |  |
| Seal |  |