To The Ministry of Health National Food Service

Declaration of personal Import of food and / or food supplements

I, the undersigned x	
ID number	or passport number x
Telephone number x	
Declare that shipment number	which arrived from
Contains the following food / food	supplement: x
5. It will not be transferred to any the 6. The use in this product is my own and / or expense caused by any act, this product, is my own responsibility ministry of health or the postal authoral 7. I hereby wave on my behalf and	e from any animal. Is drug. If a period of no longer than three (3) months. In any way and by any means. In responsibility. I am fully aware that any damagation relating to this product, or any misuse of ity and I will not have any claim against the nority. If any legal representatives any claim of istry of health relating to or caused by the use of its drug.
	_xx
x Name	Signature