

Registration form for surrendering matters of a Tobacco or Alcohol Producer /Importer License Permit

Pursuant to Article 15 and Article 20 of "The Tobacco and Alcohol Administration Act", please approve to surrender the previously obtained license permit to the Ministry of Finance.

Date:

Name of the company or business							
Company or business ID number							
Number of the surrendered license permit	Date issued: ____/____/____		<input type="checkbox"/> Tobacco and Alcohol Importer <input type="checkbox"/> Tobacco Producer <input type="checkbox"/> Alcohol Producer License No. : DN _____				
	Reasons for surrendering the license permit <input type="checkbox"/> Terminate the tobacco and alcohol producing/importing business on the date: ____/____/____.						
Attachments (Check any relevant items as required)	<input type="checkbox"/> Original License Permit (An affidavit letter shall be provided if the original license permit is lost or destroyed.)						
	<input type="checkbox"/> Certified document of the resolution of the company or business to terminate its tobacco and alcohol producing or importing business (For example: a copy of meeting minutes or a consent letter)						
	<input type="checkbox"/> A copy of bankbook cover of the company or business (The account number, account name and bank branch must be clearly identified. If the applicant need not to be refunded, that information not required to be provided.) * According to Article 4 of the Fee Standards for Examination of Applications, Issuance of Certification, and Granting of Permission as Charged to Importers and Producers of Tobacco and Alcohol Products, where a business terminates its tobacco/alcohol business, it may apply for a refund of the annual license fee already paid in proportion to the remaining number of months counting from the month following that in which its permit license is canceled by the central competent authority.						
	<input type="checkbox"/> Other: _____ °						
Applicant	Company or business name:						(Company OR business seal)
	Name of responsible person:						(Responsible person seal)
	Name of contact person:						
	Telephone number:						
	Mobile phone:			Email:		@	
Means of distribution	<input type="checkbox"/> By post <input type="checkbox"/> Pick up in person (If it is desired that the reply document be sent to the trustee's address, a letter of authorization shall be provided.)						