

Excluded Activity (Lubricants)

Licensing

Doc. Type.	Form	
Doc. No.	LN.FM-011	
Issue Date	2024-01-26	
Revision No.	00	
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I. Particulars of the Applicant (Individual or Corporate Details)

Taradala or are represent (mamaa	a or corporate Decand)		
Title (For Individuals) Mr Dr Dr	Prof Ms Mrs Miss		
Name of Applicant			
Physical Address			
Postal Address			
Town	Province		
Phone			
Email			
2. Details of Contact Person (If different	: from above)		
Title Mr Dr Dr Prof	Ms Mrs Miss		
First Name			
Surname			
Mobile Phone			
Email			
Is the beneficiary of the products same as the	e importer?		
3. Please choose the category of the importer of the products			
☐ Individual			
Social (Church, School, Hospital, Orphanage)			
Commercial (Lodge, Farm, Shopping Mall)			
Private Business (Any entity providing products for entrepreneurial purposes)			
Industrial (Processing, Manufacturing, Mining)			
Government Agency, Departments, Ministry (application on official letter head)			
Cooperating Partners, Donors, Diplomatic Missions, etc (application on official letter head)			
Others, specify			
Cost of imported products (US\$)			
Approved By : Yohane Mukabe	Signature & Date		
Director General			



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4. Please select the types of products being imported			
	Engine Oil		Transformer Oil
	Grease		Hydraulic fluid
	Brake Fluid		Gear Oil
	Others, specify		
5.	Please describe the intended use of the	ne prodi	ucts being imported
	Declaration by Applicant ull name in block letters)		
•	·		inan in this Application Forms and tours and
	rect to the best of my knowledge	mation g	given in this Application Form are true and
	Signature		Date
7.	Appendices		
Ple	ease attach the following to your applic	cation	
	Cover Letter addressed to the Director		of the ERB
	Consignment Notices (Invoices, Bill of Lading, etc)		
	Sketch Map (Location of where the products will be used or installed)		
	Any other relevant information supporting		

Approved By : Yohane Mukabe	Signature & Date
Director General	



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Review of the Application				
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Recommendation	Reject	☐ Request for information		
Reason(s) or Condition(s) for the R	ecommendation			
Paviawad by	Sign	Date		
Reviewed by	Sign	Date		
Checked by	Sign	Date		
A	C :	D ata.		
Approved by	Sign	Date		
4 18 VI	Signature & Date			
Approved By : Yohane Mukabe	Jigilataic & Date			
Director General				