

1. Category of Licence
General Export Permit under SPXI and SPXIV
2. Name of the Rule Covered
Tamil Nadu Spirituous Preparations (Control) Rules, 1984
3. Purpose of Licence : (Rule 8(2))
To Export Restricted Preparations to outside to State.
4. How to apply (Rule 8(2))
Apply in Form SP VIII
5. To Whom apply (Rule 8(2))
Special Commissioner and
Commissioner of Prohibition and Excise.
6. Fees Details
Rs. 150/- (Rupees One hundred and fifty only)
7. Requirements for the establishment of Licensed Premises:
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8. Suitability of the Applicant:
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9. Grant of privilege/Issue of Licence (Rule 8(2))
Special Commissioner and Commissioner of Prohibition and may in his discretion grant a General
Export Permit
10. Other Licences to be taken:
Should be in possession of SP XI / SP XIV Licence
11. Renewal of licence:
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12. Cancellation of licence:
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**FORM S.P.VIII
(See rule 8 (2))**

**Court fee label to the
Value of Rupees two.**

**Application for a General permit to export restricted Preparation
out of the Sate.**

**To
The Commissioner of
Prohibition and Excise. Madras.**

- 1. Name of address of the applicant.**
- 2. Description of the licence. if any held**
- 3. Descriptions of the preparations.**

Serial Number	Name of the Preparation	Name of Pharmacopodia or order number and date of a competent authority approving the preparations as bona fide.	Name of the Manufacturer (bonded or non-bonded manufactory)	Quantity in Liters or Gramms.
(1)	(2)	(3)	(4)	(5)

- 4. Place from where it is to be exported (premises number, name of village/town, talk and district to be furnished).**
- 5. Name and address of the person to whom and the state to which the export is to be made.**
- 6. Route and manner of export (by rail, road, or sea or air)**
- 7. Time by which the export is intended to be made.**

I / We declare that the above particulars are correct.

I / We undertake that as soon as possible within two months from the date of expiry of the export permit I / We shall produce satisfactory proof of the consignment having reached its destination.

**Signature of the applicant.
Place:
Date:**