

SCHEDULE

(Regulations 3, 4, 5, 6, 7, 9, 10, 11, 12 and 15)

PRESCRIBED FORMS

Form I
(Regulation 3 (1))



The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017

APPLICATION FOR IMPORTATION /EXPORTATION PERMIT FOR MEDICINE OR ALLIED SUBSTANCE

Please complete in block letters	Shaded fields for official use only	Application No.
		Date/Time
<i>Information Required</i>	<i>Information Provided</i>	
<input type="checkbox"/>		
PART I - PARTICULARS OF THE APPLICANT		
1. Name of Business		
2. Physical Address:		
3. Postal Address:		
4. Business premises		
(a) Telephone Number:		
(b) Fax Number:		
(c) Mobile:		
(d) E-mail:		
PART II - PARTICULARS OF IMPORTATION/EXPORTATION		
5. Port of entry/exit		
(a) by rail to/from:..... station		
(b) by road via:.....(state port of entry/exit)		
(c) by parcel post to/from:.....(state post office)		
(d) by air to/from:.....(state airport)		
6. Reason for importation/exportation (please tick what is applicable below)		
Commercial	<input type="checkbox"/>	
Donation	<input type="checkbox"/>	
Other	<input type="checkbox"/>	specify:
	
	

7.	Attachments (supporting documents)
	(a) Copy of pharmaceutical Licence (where applicant is holder thereof)
	(b) Copy of practitioners licence (if applicable)
	(c) Permits under other relevant laws (if applicable)
	(d) Inventory of medicines or allied substance to be imported/exported (Particulars and Quantities)
8.	Conditions for an application for import or export permit
	Applications must always be made by the actual Importer or Exporter or their authorised agent:
	(a) A proforma invoice must accompany each application
	(b) A separate application is required in respect of each consignment of medicines to be imported or exported
	(c) The prescribed fees shall be paid for an import permit and must be forwarded with application
	PART III – DECLARATION AND SIGNATURE
	I declare that the information I have stated in this application is correct and truthful to the best of my knowledge and belief. I acknowledge that making a false or misleading statement in connection with a medicine or allied substance is an offence punishable by fine or imprisonment.
	(a) Name:
	(b) Designation:
	(c) Signature: Date:/...../.....(dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Date of Submission:

Application No.:

Payment Receipt No.:

Application in Order (Proceed for inspection):

Application Deficient (notify applicant on deficiencies):

OFFICIAL STAMP
