

Form VIII (*Regulation* 10) (To be completed in triplicate)

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

APPLICATION FOR DUPLICATE PERMIT			
ase complete in block letters	Shaded fields for official use only	Application No. Date and Time	
rmation Required	Information Provided		V
PART I: PARTICULARS OF THE APPLICANT			
11			
Operations			
PART II: SUPPORTING DOCUMENTATION Submit an affidavit of loss or damage, of Permit and Police Report			
Submit an affidavit of loss or damage, of	Permit and Police Report		
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: (a) Name: (b) Designation: (b) Designation: (c) Signature: (c) Signature:			
FOR OFFICIAL USE ONLY Date of Submission: Application No.: Payment Receipt No.: Application Complete (Proceed to issue) Application Deficient (Notify applicant on deficiencies): OFFICIAL STAMP			
	Permit No.: Name (s) of applicant: Business address (Head Office): Permit Holder/ Responsible person: Operations Submit an affidavit of loss or damage, of I declare that the information I have s acknowledge that making a false or mis by fine or imprisonment. (a) Name: (b) Designation: (c) Signature: DR OFFICIAL USE ONLY te of Submission: plication No.: upplication Complete (Proceed to isseed	ase complete in block letters Shaded fields for official use only ermation Required Information Provided PART I: PARTICULARS O Parmit No.: Name (s) of applicant: Business address (Head Office): Permit Holder/ Responsible person: Operations Operations PART II: SUPPORTING D Submit an affidavit of loss or damage, of Permit and Police Report PART III: DECLARATION I declare that the information I have stated in this application is co acknowledge that making a false or misleading statement in connection by fine or imprisonment. (a) Name: (b) Designation: (c) Signature: Date OR OFFICIAL USE ONLY te of Submission: Date PR OFFICIAL USE ONLY te of Submission: ment Receipt No.: plication Complete (Proceed to issue)	see complete in block letters Shaded fields for official use only Application No. Date and Time mutation Required Information Provided Permit No.: PART I: PARTICULARS OF THE APPLICANT Permit No.: Name (s) of applicant: Business address (Head Office): Permit Holder/ Responsible person: Operations PART II: SUPPORTING DOCUMENTATION Submit an affidavit of loss or damage, of Permit and Police Report 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 acknowledge that making a false or misleading statement in connection with a medicine or allied substance is an offence pu by fine or imprisonment. (a) Name: