



Fom II
(Regulation 4 (1))
(To be completed in triplicate)

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

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

| APPLICATION FOR PERMIT TO IMPORT MEDICINE OR ALLIED SUBSTANCE FOR PERSONAL USE | | |
|--|--|-----------------|
| Please complete in block letters | Shaded fields for official use only | Application No. |
| | | Date and Time |
| Information Required | Information Provided | √ |
| PART I: PARTICULARS OF THE APPLICANT | | |
| 1. | Name: | |
| 2. | Contact Details: | |
| | (a) Physical Address: | |
| | (b) Postal Address: | |
| | (c) Telephone No. | |
| | (d) Mobile phone No. | |
| | (e) E-mail address | |
| PART II: PARTICULARS OF MEDICINE(S) OR ALLIED SUBSTANCE(S) | | |
| 3. | Name(s) | Quantity |
| | (a) | |
| | (b) | |
| | (c) | |
| 4. | Attachment(s): | |
| | Prescription issued by a medical doctor, dental surgeon (where the prescription is for medicine or allied substance connected to dental practice) or veterinary surgeon (where the prescription is for medicine or allied substance connected to veterinary practice) as the case may be | |
| 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) Signature: Date:/...../.....(dd/mm/yyyy) | | |
| FOR OFFICIAL USE ONLY | | |
| Date of Submission: | | |
| Application No.: | | |
| Payment Receipt No.: | | |
| Application Complete (Proceed to issue) | | |
| Application Deficient (Notify applicant on deficiencies): | | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">OFFICIAL STAMP</div> | | |