Import Permit Application for Pharmaceuticals

1. Applicant Details

Name of Applicant/Company

License/Registration No.

Address

Telephone

Email

2. Manufacturer/Supplier Information

Manufacturer/Supplier Name

Country

Address

3. Product Details

#	Product Name	Dosage Form & Strength	Pack Size	Qty	Batch/Lot No.	Expiry Date
1						
2						
3						

4. Purpose of Import

5. Port of Entry

6. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Applicant's Name & Signature

Date