Import Permit Sample for Veterinary Medicines

Permit Reference No.: _____

Date of Issue: _____

Valid Until: _____

Importer Details

Company/Organization Name	_____
Address	_____
Contact Person	_____
Phone / Email	_____

Exporter / Supplier Details

Name	_____
Address	_____
Country of Origin	_____

Details of Veterinary Medicines

Product Name	Active Ingredient(s)	Quantity	Batch/Lot No.	Expiry Date	Intended Use
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Port of Entry

_____

Special Conditions / Notes

_____

_____

_____

Importer Signature

Date: _____

Approving Authority
Name & Title: _____

Date: _____