

Goods Import Declaration

Pharmaceuticals

Importer Name:

Importer Address:

Declaration Date:

____ / ____ / ____

Import License No.:

Consignment Details

Supplier Name:

Supplier Country:

Invoice Number:

Invoice Date:

____ / ____ / ____

Port of Entry:

Estimated Arrival Date:

____ / ____ / ____

Pharmaceutical Products List

No.	Product Name	Dose/Strength	Form	Quantity	Batch No./Lot No.	Expiry Date
1						
2						
3						

Purpose of Import:

Importer Signature

Date: ____ / ____ / ____

Authorized Officer (For Official Use)

Date: ____ / ____ / ____