**Application for Pharmaceutical Product(s) Importation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Application Number** | | **Date** | | |
|  | |  | | |
| **Importer Name** | | **Importer Code No.** | | |
|  | |  | | |
| **Address** | | | | |
|  | | | | |
| 1. **Source of product** | | | | | |
|  | | | | | |
| **If Other Specify:** | | | | | |
| **Source Name:** |  | | **Tel No.:** |  | |
| **Source Address:** |  | | | | |

1. **Attach the proof documents  for  2 & 3 above**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item Code No.** | **PRODUCT  NAME** | **UNIT** | **PACK SIZE** | **QUANT** | **MANUFACTURER COMPANY** | **COUNTRY OF ORIGIN** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

|  |  |
| --- | --- |
| ***I Confirm That The Information Submitted is correct & true*** | |
| **APPROVED**  **Dr. Aisha Alansari**  **Director, Pharmacy & Drug Control Dpt.** | **Importer Signature** |

|  |
| --- |
| **copy to** |
| **1- Release Section** |
| **2- Registration Section**  **3- Inspection Section** |