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| **APPLICATION FORM FOR IMPORTER REGISTRATION** |

Date: ……………/………..……../………………………

**Importer Details**

1- Name: ………………………………………………………………………………………………………………………………………….

2- Address: …….....................…………………………………………………………………………………………………………………………….….

3- Email: ………………………………………………………………………………………………………………….

4- Telephone/ Fax: ……………………………………………….……………………………………………..………………………………...

4- Commercial activity certificate (CR) no: …………………………………….…..………Expiry date: ………………….…..…

5- Action requested from P.D.C.D:-

□ Import permission of pharmaceutical products

The following documents should be attached with:

a) Copy of the Drug Store License

b) Copy of the Commercial Registration [CR] which is showing the activities

c) Pharmacist License

Importer's signature of authorized person & stamp