



**MEDICINES CONTROL AGENCY**

Kairaba Avenue, K.S.M.D. Pipeline, The Gambia. Telephone: (+220)4380632, [www.mca.gm](http://www.mca.gm)

**CLEARANCE PERMIT FOR DONATIONS**

Name of Recipient		Name of Donor	
Postal and Physical Address		Postal and Physical Address	
Tel: _____		Tel: _____	
Email: _____		Email: _____	
<b>Port of Shipment:</b>	_____		
<b>Port of Entry:</b>	_____		
<b>Expected Date of Arrival:</b>	_____		
<b>Size of container or pallets:</b>	_____		
<b>Value/Cost:</b>	_____		
<b>Purpose of Donation:</b>	_____		
<b>Source of Supply:</b>	_____		

<b>Name of Product (Brand and Generic)</b>	<b>Description of Product (active ingredient(s), strength, dosage form) as applicable</b>	<b>Name of Manufacturer</b>	<b>Country of Origin</b>	<b>Batch number</b>	<b>Expiry Date</b>	<b>Unit of Issue</b>	<b>Total Quantity</b>

Name of Product (Brand and Generic)	Description of Product (active ingredient(s), strength, dosage form) as applicable	Name of Manufacturer	Country of Origin	Batch number	Expiry Date	Unit of Issue	Total Quantity

<b>Place for Storage:</b>	.....
<b>Storage Conditions:</b>	.....
<b>Comments:</b>	

Name of Applicant: .....

Signature of Applicant: ..... Date: .....

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<b>FOR OFFICIAL USE ONLY</b>		
<b>Vetted by (Name)</b>	<b>Signature and Date</b>	<b>Designation</b>
.....	.....	
<b>APPROVED BY</b>	<b>Signature and Date</b>	<b>OFFICIAL STAMP</b>
<b>Executive Director</b>	.....	