

MEDICINES CONTROL AGENCY

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

IMPORT CLEARANCE PERMIT

Name of Importer		Name of Exporter		
Postal and Premises Physical Address		Postal and Premises Physical Address		
Tel/:		Tel:		
Fax:		Fax		
Email:		Email:		
Port of Shipment:				
Expected Date of Shipment:				
Port of Entry:				
Expected Date of Arrival:				
Size of container or pallets				
Total CIF Value				

Name* and description of product	MCA Product Registration No:	Name and address of Manufacturer	Batch number:	Expiry Date:	Unit of Issue	Total Quantity
Brand and gener	ic name, strength & dos	age form, where applicable	e			

Importer Licence	Number (where applicable)	
Name of supervising Pharmacist		Registration Number of Pharmacy Council
Signature		OFFICIAL STAMP
Date		
Name of business owner or duly authorised person		
Signature		
Date		

FOR OFFICIAL USE ONLY					
Vetted by (Name)	Signature and Date	Designation			
APPROVED BY	Signature and Date	OFFICIAL STAMP			
Executive Director					

CONDITIONS OF PERMIT

- 1. Products imported shall be inspected by officials of the Agency at the port of entry and/or point of off-loading at the warehouse before their release.
- 2. Three (3) copies of the permit together with three (3) copies of the Supplier's Invoice and packing list.
- 3. For medicines one (1) copy of the CoAs for each batch.
- 4. Permits issued for importation of products shall be valid for **only one** transaction.
- 5. Where goods are short-landed, a new import permit shall be obtained from the Agency.
- 6. At the point of clearance, the client should provide copies of the relevant documents to the Customs and present the copies to MCA inspector for verification and clearance of goods.