



MEDICINES CONTROL AGENCY

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

EXPORT PERMIT FOR MEDICINES AND RELATED PRODUCTS

Name of Exporter Licence number:		Name of Recipient	
Postal and Premises Physical Address Tel/:		Postal and Premises Physical Address Tel:	
Email:		Email:	
Source of Supply/Consignment		
Country to be Shipped:		
Expected Date of Shipment:		
Port of Exit:		
Total Value		
Purpose of Export		

Name* and description of product	MCA Product Registration Number	Name and address of Manufacturer	Country of Origin:	Batch number:	Expiry Date:	Unit of issue	Total Quantity

* Brand and generic name, strength & dosage form, where applicable

Name of Supervising Pharmacist or Senior Health Official		Professional Registration Number
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 to be exported shall be inspected by officials of the Agency at the point of loading at the warehouse and/or port of exit.
2. Two (2) copies of the permit together with two (2) copies of the Supplier's Invoice and packing list (sea and air transport)
3. Permits issued for export of products shall be valid for **only one** transaction.
4. Where goods are to be sent as different consignments, a new export permit shall be obtained from the Agency for each consignment.