



MEDICINES CONTROL AGENCY

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**APPLICATION FOR LICENSING AS IMPORTER OF
MEDICINES AND RELATED PRODUCTS**

New licence Renewal Licence No.

PARTICULARS OF APPLICANT	
Name of Entity
Location (Physical Address)
Contact Details	Telephone No. Email Website
FOR NEW LICENCES ONLY	
Date of Incorporation of Company
Business Registration number

ITEMS TO BE IMPORTED (<i>Tick all as appropriate</i>)	
For Human use <input type="checkbox"/> For Veterinary use <input type="checkbox"/>	
Medicines Allopathic <input type="checkbox"/> Herbal <input type="checkbox"/> Homeopathic <input type="checkbox"/> Biological <input type="checkbox"/> Nutritional Supplement <input type="checkbox"/>	
Other products Cosmetics <input type="checkbox"/> Medical Device <input type="checkbox"/> Diagnostics <input type="checkbox"/> Other <input type="checkbox"/> (please specify)	
Attach the required documents	
DECLARATION We, the undersigned, hereby declare that all information contained herein is correct and true.	
Name of Supervising Pharmacist	Registration Number of Pharmacy Council
Signature	OFFICIAL STAMP
Date	
Name of Head/Owner of Entity	
Signature	
Date	