

**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          Tel:  Email: | | Postal and Physical Address          Tel:  Email: |
| **Port of Shipment:** |  | |
| **Port of Entry:** |  | |
| **Expected Date of Arrival:** |  | |
| **Size of container or pallets:** |  | |
| **Value/Cost:** |  | |
| **Purpose of Donation:** |  | |
| **Source of Supply:** |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |
| --- | --- |
| **Place for Storage:** |  |
| **Storage Conditions:** |  |
| **Comments:** | |

Name of Applicant:

Signature of Applicant: Date:

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