

**MEDICINES CONTROL AGENCY**

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

**EXPORT PERMIT FOR MEDICINES AND RELATED PRODUCTS**

|  |  |
| --- | --- |
| Name of Exporter Licence number:  | Name of Recipient   |
| Postal and Premises Physical Address     Tel/: Email:  | Postal and Premises Physical Address     Tel: 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.