Logo

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**MEDICINES CONTROL AGENCY**

54 Kairaba Avenue, K.S.M.D. Pipeline, The Gambia. Tel: (+220) 4380632, email: [info@mca.gm](mailto:info@mca.gm), [www.mca.gm](http://www.mca.gm)

**Application Form for Import/ Export of   
Controlled Medicines**

**A. DATA ON Importer and Exporter**

|  |  |
| --- | --- |
| **Name & Contact Details of Importer/Applicant or Exporter out of The Gambia** | **Name & Contact Details of Supplier/Exporter into The Gambia or Recipient if exported** |
| **Postal and Premises Physical Address**  **Tel:**  **Fax:**  **Email:** | **Postal and Premises Physical Address**  **Tel:**  **Fax**  **Email:** |

**B. DATA REQUEST ON CURRENT STOCK**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Description of Medicine** | **Unit of Issue** | **Quantity Received** | **Date Received** | **Current Stock balance** |
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**C. DATA REQUEST ON STOCK FOR IMPORT OR EXPORT**

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| **Name (brand & generic) & Description (strength, dosage form) of Medicine** | **Unit of Issue** | **Total Quantity to Import/Export** | **Name of Manufacturer** | **Country of Manufacturer** |
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| **D. DECLARATION** | |
| I, the undersigned, hereby declare that all information contained herein is correct and true.  Designation: Business Owner or Officer in Charge    Signature:    Date: | Official Stamp |