

**MEDICINES CONTROL AGENCY**

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

**A. DATA ON Importer and Exporter**

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

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