



**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**

<b>Name &amp; Contact Details of Importer/Applicant or Exporter out of The Gambia</b>	<b>Name &amp; Contact Details of Supplier/Exporter into The Gambia or Recipient if exported</b>
<b>Postal and Premises Physical Address</b> ..... ..... ..... ..... ..... ..... <b>Tel:</b> .....	<b>Postal and Premises Physical Address</b> ..... ..... ..... ..... ..... ..... <b>Tel:</b> .....
<b>Fax:</b> .....	<b>Fax</b> .....
<b>Email:</b> .....	<b>Email:</b> .....

**B. DATA REQUEST ON CURRENT STOCK**

<b>Name &amp; Description of Medicine</b>	<b>Unit of Issue</b>	<b>Quantity Received</b>	<b>Date Received</b>	<b>Current Stock balance</b>

**C. DATA REQUEST ON STOCK FOR IMPORT OR EXPORT**

<b>Name (brand &amp; generic) &amp; Description (strength, dosage form) of Medicine</b>	<b>Unit of Issue</b>	<b>Total Quantity to Import/Export</b>	<b>Name of Manufacturer</b>	<b>Country of Manufacturer</b>

<b>D. DECLARATION</b>	
<p>I, the undersigned, hereby declare that all information contained herein is correct and true.</p> <p>Designation: Business Owner or Officer in Charge</p> <p>.....</p> <p>Signature:</p> <p>.....</p> <p>Date:</p> <p>.....</p>	<p>Official Stamp</p>