

## MEDICINES CONTROL AGENCY

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

## IMPORT CLEARANCE PERMIT

| Name of Importer                  |      | Name of Exporter                     |  |
|-----------------------------------|------|--------------------------------------|--|
|                                   |      |                                      |  |
| Postal and Premises Physical Add  | ress | Postal and Premises Physical Address |  |
|                                   |      |                                      |  |
|                                   |      |                                      |  |
|                                   |      |                                      |  |
|                                   |      |                                      |  |
|                                   |      |                                      |  |
|                                   |      |                                      |  |
|                                   |      |                                      |  |
|                                   |      |                                      |  |
| Tel/:                             |      | Tel:                                 |  |
|                                   |      |                                      |  |
| Fax:                              |      | Fax                                  |  |
| Email:                            |      | Email:                               |  |
| Port of Shipment:                 |      |                                      |  |
| 1 or or anipment.                 |      |                                      |  |
| <b>Expected Date of Shipment:</b> |      |                                      |  |
| Dout of Enture                    |      |                                      |  |
| Port of Entry:                    |      |                                      |  |
| Expected Date of Arrival:         |      |                                      |  |
|                                   |      |                                      |  |
| Size of container or pallets      |      |                                      |  |
| Total CIF Value                   |      |                                      |  |
|                                   |      |                                      |  |

Import Clearance Permit MCA The Gambia

| Name* and description of product | MCA Product<br>Registration No: | Name and address of<br>Manufacturer | Batch<br>number: | Expiry Date: | Unit of Issue | Total<br>Quantity |
|----------------------------------|---------------------------------|-------------------------------------|------------------|--------------|---------------|-------------------|
|                                  |                                 |                                     |                  |              |               |                   |
|                                  |                                 |                                     |                  |              |               |                   |
|                                  |                                 |                                     |                  |              |               |                   |
|                                  |                                 |                                     |                  |              |               |                   |
|                                  |                                 |                                     |                  |              |               |                   |
|                                  |                                 |                                     |                  |              |               |                   |
|                                  |                                 |                                     |                  |              |               |                   |
|                                  |                                 |                                     |                  |              |               |                   |

<sup>\*</sup> Brand and generic name, strength & dosage form, where applicable

| Importer Licence Number (where applicable)       |  |   |
|--|--|---|
| Name of supervising Pharmacist                   |  | Registration Number of Pharmacy Council |
|  |  |   |
| 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    |  |  |  |
|                           |                    |                |  |  |  |
|                           |                    |                |  |  |  |
|                           |                    |                |  |  |  |
|                           |                    |                |  |  |  |
| A DDD OVED DV             | G: 4 ID 4          | OFFICIAL CTAMP |  |  |  |
| APPROVED BY               | Signature and Date | OFFICIAL STAMP |  |  |  |
| <b>Executive Director</b> |                    |                |  |  |  |
|                           |                    |                |  |  |  |
|                           |                    |                |  |  |  |
|                           |                    |                |  |  |  |
|                           |                    |                |  |  |  |
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|                           |                    |                |  |  |  |
|                           |                    |                |  |  |  |

## **CONDITIONS OF PERMIT**

- 1. Products imported shall be inspected by officials of the Agency at the port of entry and/or point of off-loading at the warehouse before their release.
- 2. Three (3) copies of the permit together with three (3) copies of the Supplier's Invoice and packing list.
- 3. For medicines one (1) copy of the CoAs for each batch.
- 4. Permits issued for importation of products shall be valid for **only one** transaction.
- 5. Where goods are short-landed, a new import permit shall be obtained from the Agency.
- 6. At the point of clearance, the client should provide copies of the relevant documents to the Customs and present the copies to MCA inspector for verification and clearance of goods.