



Clearance Permit for Donations

MCA-F-130/01

Off Bertil Harding Highway, Kotu East, Kanifing Municipality, P.O. Box 3162, Serekunda, The Gambia
Website: www.mca.gm; E-mail: info@mca.gm; Tel. No.: +2204380632

Annex 2: Guideline for Medicine Donations (MCA-GL-130)

Name of Recipient		Name of Donor	
Postal and Physical Address		Postal and Physical Address	
Tel:		Tel:	
Email:		Email:	
Port of Shipment:		
Port of Entry:		
Expected Date of Arrival:		
Size of container or pallets:		
Value/Cost:		
Purpose of Donation:			
Source of Supply:			

Name of Product (Brand and Generic)	Description of Product (active ingredient(s), strength, dosage form) as applicable	Name of Manufacturer	Country of Origin	Batch number	Expiry Date	Unit of Issue	Total Quantity

Name of Product (Brand and Generic)	Description of Product (active ingredient(s), strength, dosage form) as applicable	Name of Manufacturer	Country of Origin	Batch number	Expiry Date	Unit of Issue	Total Quantity

Place for Storage:
Storage Conditions:
Comments:	

Name of Applicant:

Signature of Applicant: Date:

FOR OFFICIAL USE ONLY		
Vetted by (Name)	Signature and Date	Designation
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APPROVED BY	Signature and Date	OFFICIAL STAMP
Executive Director	