

Form M.C. 10B

Licence No.....

File No .....

**MEDICINES AND ALLIED SUBSTANCES CONTROL ACT [CHAPTER 15:03]**

**APPLICATION FOR EXPORT LICENCE OR MOVEMENT LICENCE OF PSYCHOTROPIC SUBSTANCES**

(Medicines and Allied substances Control (General) Regulations, 1991)

Attention is drawn to the instructions appearing overleaf.

It is requested that the form be filled in legibly, preferably typewritten.

(a) Full name and address of supplier

.....

(b) State method by which the psychotropic substances are to be exported

Rail .....

Air Freight.....

Road .....

Sea .....

(c) State port or customs office through which the psychotropic substances are to be exported

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(d) Full name and address of person to whom the psychotropic substances are to be supplied (as stated in Import Certificate, if any)

.....

.....

(e) State whether the psychotropic substances are to be dispatched alone, or form part of miscellaneous order

.....

(f) Particulars of each item to be supplied (See Instruction 3)

Item No	Quantity	Full Description of each item	Active principal content (in grammes)	Stocks on hand

I hereby declare the to the best of my knowledge and belief all the particulars in this application are correctly stated, and I undertake that if this licence is granted to me, it shall be used solely for the supply of psychotropic substances being my own property or the property of a person or company for whom I am authorized to act in this transaction as the sole responsible representative.

Signed..... Status.....

Date .....

If on behalf of a company, state position in company.....

NB - This form must be signed in accordance with Instruction 4 and your attention is particularly drawn to Section 68 (1) (b) of the Medicines and Allied Substances Control Act [Chapter 15:03]

## **ON THE REVERSE SIDE OF FORM**

### **INSTRUCTIONS FOR FILLING IN THIS FORM**

Non – compliance with these instructions will involve delay

1 Export Licences and Movement Licences under the Medicines and Allied Substances Control Act [Chapter 15:03], are required for all psychotropic substance to which the Act applies

2 The appropriate application fee must accompany each application. Cheques, postal orders and money orders must be made payable to the Medicines Control Authority of Zimbabwe (No fee is charged for Movement Licences)

3 Paragraph (f) The following should be carefully observed :—

(a) not more than one item should appear on each line proved in this space. Preparations of the same psychotropic substance should be grouped together. Where the details of the item exceed ten lines of typing, six copies of a schedule giving the requisite particulars should be furnished instead of including them in the table.

(b) each item should be described fully. In the case of ampoules, the total quantity of the psychotropic substances and volume of liquid in each ampoule, and not the quantity intended to be administered, must be stated.

(c) the official conversion factors must be used in determining the active principal content, the name of which must be stated.

4 Signing of form. The declaration on the front page must be signed by a person authorized under the Act to supply medicines and domiciled in Zimbabwe, otherwise the application cannot be accepted. The person signing must insert under: “ status ” the class of authorized person to which he belongs.

5 The consignment must be addressed exactly as stated in the licence.

All applications must be addressed to :—

The Director-General  
Medicines Control Authority of Zimbabwe  
P O Box UA 559  
Union Avenue  
Harare  
Zimbabwe