



**MEDICINES AND ALLIED SUBSTANCES CONTROL ACT [CHAPTER 15:03]
APPLICATION FOR AUTHORISATION TO IMPORT OR EXPORT* SECOND SCHEDULE
SUBSTANCES**

(To be submitted in duplicate)

This form must be completed legibly. Delay will be caused if this form is not completed properly, or if any of the questions below are not answered or if the declaration is not signed.

1. Importer/Exporter* (name and address):	2. Authorisation Number:	
	Date of issue :..... Place of issue:	
	3. Date of entry/dispatch envisaged:	
4. Exporter/Importer* in the country of origin (name and address): Registration number:	5. Issuing authority (name, address, telephone, facsimile numbers and e-mail address):	
6. Other operator/agent* (name and address):	7. Customs office where import authorisation/export declaration* will be lodged (name and address):	
8. Ultimate consignee (name and address):	9. Port of entry into importing country/Port of exit from exporting country* :	10. Means of transport:

	11. Port of exit from exporting country/Port of entry into importing country* :	12. Itinerary:
13a: Full chemical name of substance to be imported/exported*: Number of units. Weight/volume of each unit.		14a: HS number: 15a: CAS number: 16a: Net weight: 17a: % of mixture 18a: Invoice number:
19: Declaration by applicant (See Note 11) Name : Representing: Signature:Date	20. (For completion by Customs Authority where import or export* authorisation is lodged) Number of customs Import/export* authorisation: Stamp 	
21. (For completion by issuing authority) Signature: Function: Date:.....	22. CONFIRMATION OF ENTRY INTO IMPORTING COUNTRY (For completion by Customs Authority at the point of entry) Date of entry..... Signature of officer..... Function Date Stamp 	

**Delete the inapplicable*

Medicines and Allied Substances Control (Import and Export of Precursors and Certain Chemical Substances) Regulations, Statutory Instrument 56 of 2008