



106 Baines Avenue  
Tel: +263 242 736 981-7  
708 255 / 792 165 / 0772 145 191/2/3  
Email: mcaz@mcaz.co.zw  
Website: www.mcaz.co.zw

P.O. Box 10559  
Harare  
Zimbabwe

REF: B/279/35/01/2024

**CIRCULAR 1 of 2024**

Date: 05/01/2024

To: ALL LICENSED MEDICINAL CANNABIS LICENCE HOLDERS

**RE: SUBMISSION OF ANNUAL RETURNS.**

Reference is made to the above.

The Authority would like to draw the attention of all medicinal cannabis licence holders that they should submit annual returns as provided for in section 16 of the Dangerous Drugs (Production of Cannabis for medicinal and scientific use) Regulations, Statutory Instrument 62 of 2018 which states that:

- 16. (1) Every licensed producer shall submit to the Minister, at every anniversary of the licence and upon payment of annual return fees specified in the First Schedule, records of all transactions which are required to be kept in terms of this Act.*
- (2) The Minister may prescribe the manner in which records may be submitted to him or her.*

Please find attached, the format for submission of 2023 annual returns, and the proforma invoice for annual returns fee.

Yours faithfully

**MEDICINES CONTROL AUTHORITY OF ZIMBABWE**

.....  
R.T. Rukwata (Mr.)  
**DIRECTOR-GENERAL**  
/csk



Medicines Control Authority of Zimbabwe

LEF 101

LICENSING AND ENFORCEMENT DIVISION

SUBMISSION OF ANNUAL RETURNS FOR CANNABIS FORM

Table with 7 columns: Cultivation of the cannabis plant, Area Cultivated (hectares) (Sown, Harvested), Quantity produced (kgs.), Quantity sold/exported (kgs.), Quantity destroyed (kgs.), Quantity on hand (kgs.), Explanatory Notes. Rows include 1. Production for medicinal purposes and 2. Production for scientific purposes.

Company Name: ..... Physical Address:.....

Licence Number:.....

Responsible Person: Name:.....Signature.....



# Medicines Control Authority of Zimbabwe

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P.O. Box 10559  
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VAT Number 10068132  
Business Partner Number 200023681

REF: B/279/21/70/2024

## PROFORMA INVOICE

<b>TO ALL MEDICINAL CANNABIS LICENCE HOLDERS</b>			Date: 15 January 2024
VAT Number:			
Business Partner Number:			
<b>RE: SUBMISSION OF ANNUAL RETURNS FEE</b>			
NAME OF PRODUCT/SERVICE	QUANTITY	UNIT PRICE	AMOUNT PAYABLE (USD)
submission of annual returns fee	1	15,000.00	15,000.00
<b>Total excluding VAT</b>			<b>15,000.00</b>
<b>15% VAT</b>			<b>2,250.00</b>
<b>TOTAL AMOUNT PAYABLE (USD)</b>			<b>17,250.00</b>

Payment can be made by direct transfer **only**, to Medicines Control Authority of Zimbabwe.

**Bank:** Nedbank  
**Branch:** J Moyo Avenue  
**City:** Harare  
**Account Number:** 11990276147  
**Swift Code:** MBCAZWHXXXX  
**Currency:** USD

Please note that direct transfers usually attract a commission charged by the banks leading to a shortfall in application fees. Provisions should be made to cover such shortfalls.

Please always fax or send us proof of payment after every deposit into our account with full details of payment (e.g. registration fees) or the invoice reference number.

Yours faithfully

**MEDICINES CONTROL AUTHORITY OF ZIMBABWE**

.....  
R. Tugwete

for: **DIRECTOR-GENERAL**

