

FORM I.E. 2

MEDICINES AND ALLIED SUBSTANCES CONTROL ACT [CHAPTER 15:03]
APPLICATION FOR AN IMPORT PERMIT

(To be submitted in duplicate)

An application in terms of section 5.

It is requested that this form be completed legibly, preferably printed. 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.

NOTE: COPY OF PROFORMA INVOICE AND PROOF OF CONSENT TO IMPORTATION BY PRINCIPAL MUST BE ATTACHED TO THIS APPLICATION

1. Full name and address of importer

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.....
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Tel:..... Fax:..... E-mail

2. Full name and address of importer of supplier in exporting country

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Tel:..... Fax:..... E-mail

3. The medicines are to be imported:

* by sea and/or rail via

.....

*by road via

.....

*by air-freight via

.....

(Delete the inapplicable words)*

and will be imported through Customs Office.

(State port of entry)

4. Approximate date of arrival

5. State the purpose for which the medicines are required (e.g. clinical trial, general medical use, etc.)

6. Particulars of medicines to be imported (*If insufficient space provided add additional sheets*)

Item No.	Trade Name of Medicine	International Non-Proprietary Name (INN) of medicine	Strength	Total Quantity	Name and Address of Supplier	Name and Address of Manufacturer	Zimbabwean Registration Number	Cost Insurance and Freight (CIF) Value

7. I, the undersigned, hereby declare that, to the best of my knowledge, all the information provided herein and in the appendices is correct and true.

Signed

Name

Date

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

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FOR OFFICIAL USE ONLY

APPLICATION APPROVED/REJECTED

IF REJECTED, STATE REASONS

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RECOMMENDED.....

APPROVED.....

PERMIT NO. ISSUED ON(DATE)

SIGNED DIRECTOR GENERAL
**MEDICINES CONTROL AUTHORITY
OF ZIMBABWE**