



FORM 8CD

PHARMACY, MEDICINES & POISONS BOARD

APPLICATION FOR IMPORT PERMIT FOR A CONTROLLED MEDICINE OR SUBSTANCE

A. Product details

1. Proprietary (Trade) Name	2. Non-proprietary name (INN)	3. PMPB Product Registration No.
4. Strength and dosage form	5. Quantity required including pack size	6. Value in US\$
7. Reason for importation		

B. Local Applicant and shipment details

1. Name of Applicant	2. Qualification(s)	3. Registration No.	4. Authorised Signature and Official stamp
5. Address of Applicant			6. Business category of applicant; <i>Wholesaler/ Retailer/Hospital/Other (specify)</i>
7. Tel No.	8. Fax No.		9. E-mail address
10. Mode of shipping of consignment and port of entry in Malawi			11. Expected date of arrival of consignment

C. Supplier details

1. Name of Supplier and Postal Address	2. Physical Address
3. City/town	4. Country
5. Contact Person	
6. Tel No.	7. Fax No.
8. E-mail address	

D. For Official use only

Payment Received: MK		PMPB Receipt Number _____	
_____		_____	
Approved/Rejected to issue permit _____		Date _____	
REGISTRAR, PMPB			