

# FORM 26

Regulation 6(2)

## APPLICATION FOR A VERIFICATION CERTIFICATE FOR THE IMPORTATION OF DRUGS

### A. Details of the applicant

(\*delete as appropriate)

1. Name of company .....
2. P.O Box .....4. Tel:.....
3. Physical address.....
5. Fax:.....
6. Email:.....
7. Import Licence No..... 9. TIN:.....

### B. Details of the drugs (Note: Standard means pharmacopoeial standard, e.g. BP, BPC, USP, Ph Eur, etc.)

Generic name	Proprietary Name	Strength	Standard	Reg. No	Pack size	No. of packs	Manufacturer (name and site)	Supplier	Country of manufacture

Name of pharmacist in charge of the business .....

Signature:.....

Date:.....