



Form VIII
(Regulation 10)
(To be completed in triplicate)

The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017

APPLICATION FOR DUPLICATE PERMIT			
Please complete in block letters	Shaded fields for official use only	Application No.	
		Date and Time	
<i>Information Required</i>	<i>Information Provided</i>		√
PART I: PARTICULARS OF THE APPLICANT			
1.	Permit No.:		
2.	Name (s) of applicant:		
3.	Business address (Head Office):		
4.	Permit Holder/ Responsible person:		
	Operations		
PART II: SUPPORTING DOCUMENTATION			
5.	Submit an affidavit of loss or damage, of Permit and Police Report		
PART III: DECLARATION AND SIGNATURE			
<p>I declare that the information I have stated in this application is correct and truthful to the best of my knowledge and belief. I acknowledge that making a false or misleading statement in connection with a medicine or allied substance is an offence punishable by fine or imprisonment.</p> <p>(a) Name:</p> <p>(b) Designation:</p> <p>(c) Signature: Date:/...../.....(dd/mm/)</p>			
FOR OFFICIAL USE ONLY			
Date of Submission:			
Application No.:			
Payment Receipt No.:			
Application Complete (Proceed to issue)			
Application Deficient (Notify applicant on deficiencies):			
<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> OFFICIAL STAMP </div>			