

**APPLICATION FOR AN IMPORT PERMIT OF A MEDICINAL PRODUCT ON
CONSIGNMENT BASIS**

Application No. (for official use only):

A) PARTICULARS OF APPLICANT

1.	Name of Firm/Company: (in BLOCK letters)
2.	Business Address:
3.	Telephone No: Fax No: Official E-mail:
4.	*Company/Business Registration No.:
5.	Authorised Person making the Application on behalf of Firm/Company: Name: (in BLOCK letters) Passport No.: Residential Address: Designation:

**Delete where applicable*

DEPARTMENT OF PHARMACEUTICAL SERVICES
 MINISTRY OF HEALTH
 BRUNEI DARUSSALAM

B) PARTICULARS OF PRODUCT TO BE IMPORTED

1.	Brunei Product Registration No. of the locally registered product: <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">B</td> <td style="border: 1px solid black; width: 20px; text-align: center;">R</td> <td style="border: 1px solid black; width: 20px; text-align: center;">U</td> <td style="border: 1px solid black; width: 20px; text-align: center;">L</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px; text-align: center;">P</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	B	R	U	L					P				
B	R	U	L					P						

2.	Name of Product (state strength & dosage form):
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3.	Name & Strength of Active Ingredient(s):
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4.	Name of Manufacturer:
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5.	Country of Manufacturer:
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6.	Quantity to be Imported:			
	Unit No.	Pack Size	Batch / Lot No.	Expiry

7.	Product to be Imported from (<i>country</i>):
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8.	Purpose of Import (please tick where applicable) For Supply to: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Ministry of Health via:</td> <td><input type="checkbox"/> <i>Tender</i></td> </tr> <tr> <td><input type="checkbox"/> Private Hospital</td> <td><input type="checkbox"/> <i>Quotation</i></td> </tr> <tr> <td><input type="checkbox"/> Private Clinic</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Others, please state:</td> <td></td> </tr> </table>	<input type="checkbox"/> Ministry of Health via:	<input type="checkbox"/> <i>Tender</i>	<input type="checkbox"/> Private Hospital	<input type="checkbox"/> <i>Quotation</i>	<input type="checkbox"/> Private Clinic		<input type="checkbox"/> Others, please state:	
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<input type="checkbox"/> Private Hospital	<input type="checkbox"/> <i>Quotation</i>								
<input type="checkbox"/> Private Clinic									
<input type="checkbox"/> Others, please state:									

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C) PARTICULARS OF POISONS LICENCE HOLDER *(For Poisons Licence Holder Only)*

1.	Name of Licence Holder: <div style="text-align: right; font-size: small;">(In BLOCK letters)</div> Passport No.: I.C. No.:
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2.	Poisons Licence No.:
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3.	a) Import Permit No. for Psychotropic Drugs: <div style="text-align: center; font-size: small;"><i>(where applicable)</i></div> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">P</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	P				/				b) Import Permit No. for Narcotic Drugs: <div style="text-align: center; font-size: small;"><i>(where applicable)</i></div> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>				/				
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D) DECLARATION

I, on behalf of the company named in Section A, hereby declare that/ undertake to/ confirm that:

- i) All particulars given in this application are true and that the documents enclosed are authentic or true copies.
- ii) Notify Drug Administration Section within one week of any change in the particulars submitted in this application and new safety information or any adverse drug reactions related to the product.
- iii) Comply with the conditions imposed in the import permit and guideline issued by the Department of Pharmaceutical Services, Ministry of Health, that are related to the marketing of the medicinal product in Brunei Darussalam.
- iv) Responsible for the quality, safety and efficacy of the product to be imported and that it is in all respects identical to the medicinal product registered in Brunei Darussalam.

I understand that a willfully false statement is an offence under the Medicines Order.

Signature of Authorised Person:	
Name of Authorised Person:	
Company Stamp:	Date:

DEPARTMENT OF PHARMACEUTICAL SERVICES
MINISTRY OF HEALTH
BRUNEI DARUSSALAM

FOR OFFICIAL USE ONLY

Application No:	Date Received:
Signature of Verifying Officer:	
Name of Verifying Officer:	
Remarks:	
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