

Form 2
[(See rule 3(3)]
APPLICATION FOR ENLISTMENT OF IMPORTER
(Attach readable soft copy with application)

I/WE
(1)..... (2)..... (attach list of partners)
Holder (s) of CNIC No.
Owner of M/S.....hereby apply for
enlistment of my firm/company having NTN located at the premises
as under.....

(A). that I am importing following classes of therapeutic goods (attach contract if contract manufacturing).

1. Alternative Medicines. (Attach detail information as Annex-A)

- a. Herbal Medicinal Product or Phyto-medicine or Phyto-pharmaceuticals
- b. Imported Medicine
- c. Homeopathic Medicines.
- d. Bio-chemic Medicines.
- e. Herbal oils / Balms.
- f. Herbal preparations
- g. Any other alternate/ complementary medicines.

2. Health and OTC Products. (Attach the information as Annex-B)

- a. Food supplements (Neutraceuticals or dietary or health supplements).
- b. Nutritional supplements, pro-biotics and pre-biotics.
- c. Baby Milks and Foods (infant or baby formulae, follow up formulae, formulae for special medical purposes or complementary foods intended for infants).
- d. Disinfectants.
- e. Medicated shampoos containing natural ingredients.
- f. Medicated Soaps natural ingredients
- g. Tooth pastes/mouthwashes/throat lozenges/gargles natural ingredients.
- h. Medicated cosmetics / Derma-care products / Balms / patches / medicated oils natural ingredients
- i. Any other.

(B). that overseas manufacturing unit has following facilities:

(Attach the site master file as Annex-C)

3. Total size of the plot/ building covered area issq/feet

4. Storage facilities for storage of imported stocks:- (Attach list of equipment and license of facility from the provincial health department if any.) 27

5. Type or class of finished products being imported.
 - a. Tablets.
 - b. Capsules.
 - c. Dry Syrup.
 - d. Dry powder.
 - e. Liquid Solution, Syrup, emulsion, suspensions, drinking ampoules and Drops.
 - f. Ointment and Creams.
 - g. Sachet/herbal teas/joshanda.
 - h. Eye/ Ear/ Nasal Drops.
 - i. Quality Control Lab (pharmacognosy, chemistry and microbiology laboratories).

6. The overseas manufacturer has licensed facility from the Regulatory Authority of country of origin. (Attach the information as Annex-D).
7. Detail of manufacturing facility and qualified technical staff
 - a. Qualified staff name, qualification, experience and training .State responsibility and attach their CV's.
 - b. Supportive and non technical staff.

8. List of imported and marketed products and product wise as well as total annual turnover. (Attach the information as Annex-E)
9. Manufacturing license and Last inspection report of the overseas manufacturer. (Attach information as Annex-F) .
10. Copy of Agency agreement between the Principal manufacturer and importer.
11. Fee deposit receipt
12. I undertake and certify that the contents stated above are correct and true to the best of my knowledge (please attach undertaking on the notarized stamp paper).

Name of the owner

Signature

Seal of the Firm/ Company

Dated.....