



FOOD AND DRUGS AUTHORITY

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TITLE: ADVICE OF RECEIPT FORM

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Name & Premises Address of Importer Postal Address: Tel. no.: Fax: Email:	Import Permit Number :	
	Import Permit Issue Date:	
	Import Permit Expiry Date:	
	Name & Premises Address of Exporter	
Name of imported Narcotic Drug, Psychotropic Substance and Precursor Chemicals	Dosage form	
	Quantity	
	Amount of Active Ingredients	
Bill of Lading No.	Port of Entry	Port of Export
Date of Arrival at Port	Date of Clearance from port	
Signature & Stamp	Date form was received <i>(To be filled & signed by FDA officials)</i>	