

DOC. TYPE: FORM DOC NO.: FDA/TSA/FOR - 04 Page 1 of 4 Ver. No.: 03 **Effective Date: 01/10/2019**

TITLE: RETURNS FORM

Table A: RAW MATERIALS ONLY

RETURNS ON NARCOTIC DRUGS, PSYCHOTROPIC SUBSTANCES AND PRECURSOR **CHEMICALS IMPORTED**

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This documented information is a property of Food and Drugs Authority. Disclosure of the contents to any third party without written consent of the Authority is forbidden.	Name of Company:								
	Address of Company:								
	TEL								
	NAME OF NARCOTIC DRUG/PSYCHOTROPIC SUBSTANCE/PRECURSOR CHEMICALS:								
	BRAND NAME:								
	GENERIC NAME:								
s a pr withc			PERMIT NUMBER		PERMIT ISSUE DATE		PERMIT EXPIRY DATE		REMARKS
on i	OLD STOCK								
mati rd pa	NEW STOCK								
This documented informa the contents to any third	STOCK UTILISATION INFORMATION (RAW MATERIAL)								
	DATE	PARTICULARS		OPENING STOCK		QUANTITY RECIEVED		QUANTITY ISSUED	CLOSING STOCK
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TITLE: RETURNS FORM

ADDITIONAL INFORMATION FOR RAW MATERIALS

	Manufacturing date	Quantity used	Name of product	Batch number	Expiry date	Quantity produced	Total active	Percentag e yield
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GUIDELINES FOR SUBMITTING RETURNS ON NARCOTIC DRUGS, PSYCHOTROPIC SUBSTANCES AND PRECURSOR CHEMICALS

REFER TO TABLE A:

- 1. Provide the name and full postal address & telephone number of the importing company in the box.
- 2. State the name (Both the generic and brand name) of the narcotic drug or psychotropic substance.
- 3. Provide the information requested in the spaces provided respectively.
 - a) Old stock refers to the stock just used up before taking on a present consignment.
 - b) New stock is the present stock being accounted for.
 - c) Particulars refer to the specific activities the substance is to be used for.
 - i. Laboratory samples.
 - ii. Issues to a client (In this case provide the name and location (city/town) of client).
 - iii. Production (State dosage form, strength and batch number of production).
- 4. Columns where details of quantities of substances received are entered, should be in bold type.

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REFER TO TABLE B:

Name of Company:

DOSAGE FORM:

- 1) Provide the name and full postal address & telephone number of the importing company in the box.
- 2) State the name (Both the generic and brand name) of the psychotropic substance.
- 3) Provide the information requested in the spaces provided respectively.
 - a. Pack size is the total number of prod uct in a package.
 - b. Particulars refer to the specific activities the substance is to be used for.
 - i. Laboratory samples.
 - ii. Issues to a client (In this case provide the name and location (city/town) of client).
 - iii. Production (State strength and batch number of production).
- 4) Columns where details of quantities of product received are entered should be in bold type.

Table B:

FINISHED PRODUCTS ONLY RETURNS ON FINAL PRODUCTS OF NARCOTICS, PSYCHOTROPIC SUBSTANCES AND PRECURSOR CHEMICALS IMPORTED

Address of Company:
TEL
NAME OF NARCOTIC/PSYCHOTROPIC SUBSTANCE/PRECURSOR CHEMICALS:
BRAND NAME:
GENERIC NAME:



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STRENGTH OF PRODUCT:

PACK SIZE:

STOCK UTILISATION INFORMATION

Authority i	DATE	PARTICULARS	INVOICE NUMBER	OPENING STOCK	BATCH NUMBER	EXPIRY DATE	QUANTITY RECIEVED	QUANTITY ISSUED	CLOSING STOCK
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