



FOOD AND DRUGS AUTHORITY

DOC. TYPE: FORM

DOC NO.: FDA/SAD/FOR – 02

Page 1 of 5

Ver. No.: 01

Effective Date: 21/01/2025

TITLE: RETURNS FORMS

Table A: RAW MATERIALS ONLY

RETURNS ON NARCOTIC DRUGS, PSYCHOTROPIC SUBSTANCES AND PRECURSOR  
CHEMICALS IMPORTED

Name of Company: .....

Address of Company: .....

TEL


NAME OF NARCOTIC DRUG/PSYCHOTROPIC SUBSTANCE/PRECURSOR CHEMICALS:

BRAND NAME:

GENERIC NAME:

	PERMIT NUMBER	PERMIT ISSUE DATE	PERMIT EXPIRY DATE	REMARKS
OLD STOCK				
NEW STOCK				

STOCK UTILISATION INFORMATION (RAW MATERIAL)


 <b>FOOD AND DRUGS AUTHORITY</b>	<b>DOC. TYPE: FORM</b>	
	<b>DOC NO.: FDA/SAD/FOR – 02</b>	
	Page 2 of 5	Ver. No.: 01
	<b>Effective Date: 21/01/2025</b>	
<b>TITLE: RETURNS FORMS</b>		

DATE	PARTICULARS (NAME,CONTACT AND LOCATION)	OPENING STOCK	QUANTITY RECIEVED	QUANTITY ISSUED	CLOSING STOCK

ADDITIONAL INFORMATION FOR RAW MATERIALS

Manufacturing date	Quantity used	Name of product	Batch number	Expiry date	Quantity produced	Total active	Percentage yield

**GUIDELINES FOR SUBMITTING RETURNS ON NARCOTIC DRUGS, PSYCHOTROPIC  
SUBSTANCES AND PRECURSOR CHEMICALS**

 <p><b>FOOD AND DRUGS AUTHORITY</b></p>	<p><b>DOC. TYPE: FORM</b></p> <p><b>DOC NO.: FDA/SAD/FOR – 02</b></p> <p>Page 3 of 5</p> <p><b>Ver. No.: 01</b></p> <p><b>Effective Date: 21/01/2025</b></p>	
<p><b>TITLE: RETURNS FORMS</b></p>		

**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.

**REFER TO TABLE B:**

- 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.



**FOOD AND DRUGS AUTHORITY**

**DOC. TYPE: FORM**

**DOC NO.: FDA/SAD/FOR – 02**

**Page 4 of 5**

**Ver. No.: 01**

**Effective Date: 21/01/2025**

**TITLE: RETURNS FORMS**

- 3) Provide the information requested in the spaces provided respectively.
  - a. Pack size is the total number of product 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**

Name of Company: .....

Address of Company: .....

TEL

NAME OF NARCOTIC/PSYCHOTROPIC SUBSTANCE/PRECURSOR CHEMICALS:

BRAND NAME:

GENERIC NAME:



FOOD AND DRUGS AUTHORITY

DOC. TYPE: FORM

DOC NO.: FDA/SAD/FOR – 02

Page 5 of 5

Ver. No.: 01

Effective Date: 21/01/2025

TITLE: RETURNS FORMS

DOSAGE FORM:

STRENGTH OF PRODUCT:

PACK SIZE:

STOCK UTILISATION INFORMATION

DATE	PARTICULARS (NAME,CONTACT AND LOCATION)	INVOICE NUMBER	OPENING STOCK	BATCH NUMBER	EXPIRY DATE	QUANTITY RECIEVED	QUANTITY ISSUED	CLOSING STOCK