



**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	
Batch Numbers of Imported Narcotic Drug, Psychotropic Substance and Precursor Chemicals			
Date of Arrival at Port		Date of Clearance from port	
Signature & Stamp		Date form was received <i>(To be filled &amp; signed by FDA officials)</i>	