

**MINISTRY OF HEALTH**

**Pharmacy and Poisons Board**

Form 2 [Rules 11(1) & 19 (2(a).]

**APPLICATION FOR LICENSE OR RENEWAL OF PARALLEL**

**IMPORTED MEDICINAL SUBSTANCE LICENSE/CERTIFICATE**

*(to be submitted in six copies)*

CONFIDENTIAL

The application shall be addressed to the Registrar, Pharmacy and Poisons Board, P.O Box 27663, Nairobi.

Application (Tick as appropriate):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grant of new  license |  | Renewal of  license |  | Year |  |

Please use Block (Capitals) Letters

1. Name of applicant…………………………………………………………………………….
2. Physical and postal address of the company:
3. City/Town………………………………………
4. L.R. No………………………………………….
5. Street………………………………………………….
6. Building………………………………………………
7. P.O. Box……………………………………………………
8. Telephone Numbers………………………………………
9. E-mail address…………………………………………………
10. Certificate of Parallel Importation No………………………….
11. Number and date of issue of previous license………………...
12. Details of the medicinal substance to be parallel imported:
13. Trade Name (*Proprietary Product name*) ……………………………….
14. International Non-Proprietary Name……………………………...
15. Strength of the Active Pharmaceutical Ingredient per unit dosage of the product………………………….
16. Pharmaceutical dosage form and route of administration……………….
17. Packaging /Pack size of the product……………………………
18. Visual description of the product…………………………………..
19. Registration number of the medicinal substance in Kenya…………….
20. Justification for importation……………………………………..
21. Declaration (by Director/Secretary):

I, the undersigned, hereby declare—

1. THAT the particulars set out herein are true and correct to the best of my knowledge and belief;
2. THAT if licensed, I shall transact parallel importation of medicinal substances in accordance with the provisions of the Pharmacy Act, Cap.244, these rules and any rules, guidelines or directive as may from time to time be issued by Board.