

PERMIT NO:**MEDICINES AND ALLIED SUBSTANCES CONTROL ACT (CHAPTER 15:03)****PERMIT TO IMPORT MEDICINES**

(Issued in terms of Section 16 (a))

1. Name of Importer **PHARMACEUTICAL & CHEMICAL DIST. P/L**
2. Address **33 WATTS STREET**
3. Telephone _____ Fax: _____ E-mail: _____
4. Particulars of medicines to be imported

Item No	Trade Name of Medicine	International Non-Proprietary Name(INN) of Medicine	Strength	Total Quantity	Name and address of Supplier	Name and address of Manufacturer	Zimbabwean Registration Number
1	ABACAVIR SULPHATE; LAMIVUDINE 100ml	ABACAVIR SULPHATE; LAMIVUDINE	600/300 MG	480	Sisonke Partnership No1 Meadowview Lane JOHANNESBURG SOUTH AFRICA	HETERO LABS LTD,	2015/7.13/5083
2	IRBIS-H 300 10s	IRBESARTAN	300 MG	810	Sisonke Partnership No1 Meadowview Lane JOHANNESBURG SOUTH AFRICA	HETERO LABS LTD,	2014/12.3.5/4922

5. Port of Entry: **Forbes Border Post**
6. Period of validity of permit: **6 MONTHS**
7. Expected date of arrival of medicines: **June 2018**
8. Date of Issue of permit **14 February 2018**

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DIRECTOR-GENERAL
MEDICINES CONTROL AUTHORITY OF ZIMBABWE