**Form 2**

***[(See rule 3(3)]***

**APPLICATION FOR ENLISTMENT OF IMPORTER**

**(Attach readable soft copy with application)**

I/WE **HASSAN**

1. **SAMI** (2) **HASHAM** (attach list of partners)

Holder (s) of CNIC No. **43412-5114697-5**

Owner of M/S **HASSAN AND SONS** hereby apply for enlistment of my firm/company having NTN **24680** located at the premises as under **MALL ROAD, LAHORE**

(A). that I am importing following classes of therapeutic goods (attach contract if contract manufacturing). **Not applicable**

1. Alternative Medicines. (Attach detail information as Annex-A)

a. Herbal Medicinal Product or Phyto-medicine or Phyto-pharmaceuticals

b. Imported Medicine

c. Homeopathic Medicines.

d. Bio-chemic Medicines.

e. Herbal oils / Balms.

f. Herbal preparations

g. Any other alternate/ complementary medicines.

2. Health and OTC Products. (Attach the information as Annex-B) **attached as annexure B**

a. Food supplements (Neutraceuticals or dietary or health supplements). **yes**

b. Nutritional supplements, pro-biotics and pre-biotics.

c. Baby Milks and Foods (infant or baby formulae, follow up formulae, formulae for special medical purposes or complementary foods intended for infants).

d. Disinfectants.

e. Medicated shampoos containing natural ingredients.

f. Medicated Soaps natural ingredients

g. Tooth pastes/mouthwashes/throat lozenges/gargles natural ingredients.

h. Medicated cosmetics / Derma-care products / Balms / patches / medicated oils natural ingredients

i. Any other.

(B). that overseas manufacturing unit has following facilities:

(Attach the site master file as Annex-C) **attached as annexure C-1**

3. Total size of the plot/ building covered area is 2000 sq/feet

4. Storage facilities for storage of imported stocks:- (Attach list of equipment and license of facility from the provincial health department if any.) **attached as annexure C-2**

5. Type or class of finished products being imported. **Attached as annexure C-3**

a. Tablets. **tick**

b. Capsules. **tick**

c. Dry Syrup.

d. Dry powder.

e. Liquid Solution, Syrup, emulsion, suspensions, drinking ampoules and Drops.

f. Ointment and Creams.

g. Sachet/herbal teas/joshanda.

h. Eye/ Ear/ Nasal Drops.

i. Quality Control Lab (pharmacognosy, chemistry and microbiology laboratories).

6. The overseas manufacturer has licensed facility from the Regulatory Authority of country of origin. (Attach the information as Annex-D) **attached as annexure D-1**

7. Detail of manufacturing facility and qualified technical staff

a. Qualified staff name, qualification, experience and training .State responsibility and attach their CV’s.

b. Supportive and non technical staff. **attached as annexure D-2**

8. List of imported and marketed products and product wise as well as total annual turnover. **(not applicable)**

9. Manufacturing license and Last inspection report of the overseas manufacturer.

(Attach information as Annex-F) . **attached as annexure F**

10. Copy of Agency agreement between the Principal manufacturer and importer. **Attached as annexure G**

11. Fee deposit receipt . **Attached as annexure H**

12. I undertake and certify that the contents stated above are correct and true to the best of my knowledge (please attach undertaking on the notarized stamp paper).

Name of the owner

Signature

Seal of the Firm/ Company.

Dated.................................