**Reference No:**

**National Medicines Regulatory Authority, Sri Lanka**

**Checklist for Accepting Sample Import License Applications of Medicines**

*(I, II, III, IV, V : Should be filled by the applicant)*

I. Product Name:

II. Brand Name:

III. Manufacturer:

IV. Manufacturing Country:

V. Applicant/Local Agent:

VI. Date of Submission:

***For office use only***

|  |  |  |
| --- | --- | --- |
| Document | Submitted | Remarks |
| **1.Schedule (XI) form**  -Original signature  -Actual manufacturing site address | Yes/No  Yes/No  Yes/No |  |
| **2.Copy of Company Profile Approval Letter** | Yes/No |  |
| **3.Letter of Authorization** | Yes/No |  |
| **4.Price Details** | Yes/No |  |
| **5. Previous Registration Certificate (If applicable)**  (Site transferred/Agency transferred /Existing product) | Yes/No |  |
| **6.Agency Transfer Letter (If applicable)** | Yes/No |  |
| **7. MEC approval letter for New Molecular Entities (If applicable)** | Yes/No |  |
| **8. Other** | Yes/No |  |

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Signature & P code of the accepting pharmacist Date of acceptance

No of Valid registrations:

No of expired registrations within last five years: