# Application Form for Drug Import License

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| Application No.: | | Approved by: | |
| Name and Address of Importer: | | | |
| Name and Address of Exporter: | | | |
| Mailing Address: | | Contact Number: | |
| Content of Controlled Substance: | | Import License No.: | |
| Manufacturer: | | | |
| Import Port 1: | | Import Port 2: | |
| Custom District 1: | | Custom District 2: | |
| Exporting Country/ Region: | | | |
| Usage: | ☐ Medical treatment ☐ Teaching and scientific research ☐ Accepting the entrusted production of overseas enterprises | | |
| No. of Purchase Contract or Order: | | Export Port: | |
| Collection Method: | ☐ Mailing ☐ On-site collection | Whether it is an agent or not? | ☐Yes ☐No |
| Unified Social Credit Identifier of Client: | | | |
| Name of Client Enterprise: | | | |
| Remarks of Control Type for Imported Drugs: | | | |
| If it is an exported drug returned, please specify: | | | |
| Name of Imported Drug: | | | |
| Dosage Form: | | Commodity Code: | |

| Registration Certificate No: | Packaging and Strength: | Quantity: | Unit: |
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