National Medical Products Administration

Application Form for Importing Medicinal Materials

Application No.: XXXXXXXXX

Application Items

1. Application Classification: ○ First-time Import of Medicinal Material: ○ Medicinal Material with Regulatory Specification ○ Medicinal Material without Regulatory Specification
   ○ Non-First-time Import of Medicinal Material
2. Approval Document Classification: ○ Single-Use Approval Document ○ Multiple-Use Approval Document

Overview of Imported Medicinal Material

3. Chinese Name:
4. Scientific Name (Latin):
5. English Name:
6. Synonym:
7. Place of Origin (Country):
8. Place of Export (Country):
9. Quantity Applied for Import (kg):
10. Packaging Material:
11. Packaging Specification:
12. Contract No.:
13. Test Standards: ○ Chinese Pharmacopoeia _____Edition
    ○ Imported Medicinal Material Quality Specification, Source of Specification _____
    ○ Ministerial Standards for Medicinal Material, Source of Standards _____
    ○ Medicinal Material Standards of Provinces, Autonomous Regions and Municipalities Directly under the Central Government, Source of Standards _____
    ○ Self-established Quality Specification for Medicinal Material (only limited to medicinal material without regulatory specification)
14. Port of Arrival:
15. Port or Border Medical Products Administration:
16. Is it derived from an endangered species? ○ Yes ○ No
17. Is it a variety imported by the enterprise for the first time? ○ Yes ○ No. If No, previous import times: Total previously imported quantity (kg):
    Original Approval Document No.:

18. Reasons for Application for Import:

Applicant

19. Institution: ☐The institution is responsible for payment

Designation:

Organization Code:

Social Credit Code:

Related Certificates: 1. Number of the *Business License*:

2. ○ Number of the *Drug Production License*:

○ Number of the *Drug Operating License*:

Legal Representative: Position:

Registration Address: Postal Code:

Production Address: Postal Code:

Responsible Person for Registration Application: Signature: Position:

Tel. (including area code and extension number): Fax:

E-mail:

Contact Person: Tel.:

Other Relevant Situations

20. Institution (exporter or export enterprise): ☐The institution is responsible for payment

Designation:

Organization Code:

Social Credit Code:

Related Certificate: *Business License* Number:

Legal Representative: Position:

Registration Address: Postal Code:

Production Address: Postal Code:

Contact Person: Tel.:

21. Institution (foreign processing enterprise): ☐The institution is responsible for payment

Designation:

Organization Code:

Related Certificate: *Business License* Number:

Legal Representative: Position:

Registration Address: Postal Code:

Production Address: Postal Code:

Contact Person: Tel.:

Statement

22. We hereby guarantee that: (1) This application complies with the provisions of the *Drug Administration Law of the People's Republic of China*, the *Regulations on the Implementation of the Drug Administration Law of the People's Republic of China*, the *Measures for the Administration of Imported Medicinal Materials*, and other applicable laws, regulations, and rules; (2) The content of this application form and all submitted materials and samples are authentic and legally sourced without infringing upon the rights of others. The test methodologies and data provided herein are those employed for this specific drug and derived from tests specifically conducted on this drug; (3) The electronic documents submitted alongside this application are fully consistent with the printed versions in content.

If there is any inaccuracy, we will bear all the legal consequences.

23. Other Special Declaration:

24. Name of Applicant Institution Official Seal	Signature of Legal Representative Signed Date: