DRUG REGULATORY AUTHORITY OF PAKISTAN

FORM-19
[see rule 52]

APPLICATION FORM FOR GRANT OF PROVISIONAL ESTABLISHMENT CERTIFICATE TO IMPORT MEDICAL DEVICES PROVIDED IN SCHEDULE D

I/We ……..of M/s……..hereby apply for grant of provisional establishment certificate to import medical devices provided in Schedule D at the premises situated at …….

S. No.	Descriptions	To be filled by applicant
(1)	(2)	(3)
1.	Establishment name and address including godown address:	
2.	Type of ownership and copy of business registration as issued by the Registrar of Companies, Security Exchange Commission of Pakistan or any other authorized body (Proprietorship, partnership, private limited, public limited, etc)	
3.	Names and address of partners/proprietors/directors (attached 4 photographs and CNIC of each)	
4.	Name, qualification, registration No, CNIC No. and address of qualified technical person(s) for supervising import, sale and distribution (attach 4 photographs, CNIC and copy of degree and Registration certificate)	
5.	Copy of drug sale licence issued by provincial government	
6.	Original bank deposit slip	
7.	Original and valid authorized agency agreement from market authorization holder duly notarized in the country of origin.	

DECLARATION

Certified that the documents and information provided herein are genuine and correct and if found at any stage to be misrepresenting or incorrect it shall lead to legal action under the Drug Regulatory Authority of Pakistan Act, 2012 and the rules made there under. This certificate must be on stamp paper duly notarized and signed and stamped by Proprietor, Chief Executive, Managing Director or an authorized

officer. In case of an authorized officer authority letter from the owner of the establishment shall be provided.

UNDERTAKING

I/we also undertake that I/we;

(a) shall comply with the provisions of Drug Regulatory Authority of Pakistan Act, 2012 and the rules made there under;
(b) shall not sell or stock any expired, spurious, substandard, unregistered, misbranded, counterfeit or any medical device in violation of the Drug Regulatory Authority of Pakistan Act, 2012 and the rules made there under.

Name(s) of partners/proprietors/directors/ authorized person……

Designations……..
Signature(s)……..
Stamp……..
Date…….