**CHECK LIST FOR APPLICATION OF ALLOCATION OF QUOTA OF CONTROLLED SUBSTANCES FOR EXPORT PURPOSE**

Name of applicant firm with complete address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Name Of controlled substance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Application: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quantity of Controlled Substance in the product(s) to be Exported \_\_\_\_\_\_\_\_\_Quantity Demanded \_\_\_\_\_\_\_\_\_\_\_\_

Name of Importing Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Import Authorization Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Date of Issuance of Import Authorization\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Expiry of Import Authorization\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Sr. #** | **Name of Document** | **Yes/No** | **Page#** | **Remarks** |
| **1** | 1.1 | Application for export allocation signed by MD/CEO/Authorized Person  |  |  |  |
| **2** | 2.1 | Undertaking by the firm on stamp paper that they have fulfilled conditions of previous allocation letter as per **format**. |  |  |  |
| **3** | 3.1 | Original Import Permit/Authorization issued by Country of Import in favor of the Importer/Exporter. |  |  |  |
|  | 3.2 | Original Purchase Order from Importer. (Notarized from Country of Import)  |  |  |  |
| **4** | 4.1 | Notarized copy of Quota Allocation Letter for Last Export quantity issued by DRAP. |  |  |  |
|  | 4.2 | Notarized copy of Export Authorization of last consignment for the concerned country issued by DRAP. |  |  |  |
|  | 4.3 | 1. Customs Clearance Documents (Importing Country).
2. Goods Declaration Form (Importing Country).
3. Packing List of exported shipment.
4. Clearance documents issued by Pakistan Customs
 |  |  |  |
|  | 4.4 | Notarized Copies of Export Invoice(s) along with NOC from Concerned Area Assistant Director(AD), DRAP |  |  |  |
| **5** | 5.1 | Manufacturing record for the last export allocation on **format**. |  |  |  |
| **6** | 6.1 | Consumption record for the last Allocation on **format**. |  |  |  |
| **7** | 7.1 | Consumption certificate from concerned Assistant Director for the **Morphine, Pethidine, Codeine Phosphate, Buprenorphine, Phenobarbitone, Alprazolam, Diazepam, Pentazocine and Fentanyl** allocated for export purpose only. |  |  |  |
| **8** | 8.1 | * The firm will have to submit the Undertaking that the quota granted in the last allocation has been used in the licit manufacturing of registered products for export purpose only and new quota will also be used for licit manufacturing and maximum precaution will be taken to avoid any possible diversion.
* The quota allocated shall not be used for consumption/sale in local market.
* All documents attached with the application are true copies of the original and the same have been notarized from notary public and marked as “Certified True Copy”
* All other submitted information is true. The under signed and the firm M/s………………………….. shall be held responsible in case any submitted information is found incorrect/misleading and will be liable for legal proceeding/action under the law.(as per **format**.)
 |  |  |  |
| **9** | 9.1 | Copy of the valid Registration letter of the drug (with status of renewal) |  |  | **As per format**. |
| **10** | 10.1 | Copy of valid Drug Manufacturing License (with status of renewal) |  |  |

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| **Name, Seal & Signature**MD/CEO/Authorized Person |