**APPLICATION FOR PRICE REVISION OF IMPORTED FINISHED DRUGS**

**NAME OF COMPANY / FIRM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | Name of Brand…………………………………. |  | Generic Name……………………………. |
|  | Registration No………………………………… |  | Date of Registration……………………… |
|  | Is it Originator Brand…………………..Yes/No |  | Pharmacological Group…………………... |
|  | Country of origin ……………………..….…….. |  | Date of Price Fixation……………………. |
|  | Composition……………………………………. |  | Date of last Price Revision……………….. |
|  | Initial MRP with Pack size …………………….. |  | Demanded MRP with pack size………..... |
|  | Revised MRP with Pack size …………………... |  |  |

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| 1.000 | **Costing details** | Actual Unit Pack Cost |
| **Col.1** | **Col.2** | **Col.3** |
| 1. 100  1.110  1.120  1.130  1.140  1.150  1.160  1.170  1.180  1.190 | C & F price per pack in foreign currency (See Note.1 &4)  (please attach evidence)  C & F price per pack in eq. Pak Rs (please attach evidence)  LC charges (please attach evidence)  Insurance (please attach evidence)  Rate of Custom duty %  Custom duty in Pak.Rs.  (please attach evidence)  Rate of Income Tax %  Income Tax in Pak.Rs.  (please attach evidence)  Rate of FED, if any %  FED in Pak.Rs.  (please attach evidence)  Any other import levy, if any  Rate%  Amount  Clearing charges, if any  (please attach evidence)  Civial Aviation / Port charges, if any  (please attach evidence)    Total |  |

**DECLARATION**:

I, .................. son/daughter/wife of …………………., holding CNIC No…………………… on behalf of ……………(name of company / firm/ sole proprietorship)………………….. …………………………………………………………………………………………………as ………..(designation; see note 6)………….. do hereby certify and declare that information given in this form and attached documents are actual, true and correct to the best of my knowledge & belief and nothing has been concealed therein.

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| **2.00** | **Reference Prices** (See Note.2) Applicable for Originator Brand only. | | | | |
| 2.100  2.200  2.300  2.400  2.500 | Reference Prices exclusive of VAT, sale tax, education cess, excise duty, local tax or any other levy on sale of the drug (whichever is applicable):   1. Trade Price in India (INR)………………………….. 2. Trade Price in Bangladesh (Takka)…………………. 3. Retail price in : 4. Indonesia (Rupiah): ……………………….. 5. Philippines (Peso):………………………….. 6. Lebanon (Pound):……………………............. 7. Sri Lanka (Rupee):…………………………… 8. Malaysia (Ringgit):…………………………… 9. Wholesale / procurement price available in following: 10. UK Monthly Index of Medical Supplies or British National Formulary (BNF) (British Pounds ) 11. Australian Pharmaceutical Benefits Scheme (AUS $) 12. New Zealand Pharmaceutical Management Agency (New Zealand $) 13. Trade Price in Country of Origin (In local currency of the respective country) | | | | |
| 3.000  3.100  3.200 | Sales Data  Sales (This Product)  Sales this product in different pack  (i)  (ii)  (iii)  (iv) | Quantity Sold | Unit Pack Proposed Price | Existing Unit Pack Price | Total Sale this Product |
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**4.000 In case imported materials are used, the following information be provided: (See Note 4).**

**4.100 Materials purchased from Principal / Associated Companies.**

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|  | Drug (please also mention name of API) | Country of Import | Measuring Unit | Unit |  | Cost | Consumption Per Unit Pack | | Opening Inventory | Imports during last financial year | | Closing Inventory |
| 4.110 | Drug |  |  | Rate of Exchange | C&F in F. Currency | Landed cost in Pack Rupees | Qty. | Cost | (Qty) | Total Quantity | Total Value | (Qty) |
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| 4.200 Materials purchased from others suppliers: - | | | | | | | | | | | | |
| 4.210 | Drug |  |  |  |  |  |  |  |  |  |  |  |

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| 5.000 | Arguments / justification in support of the request for the demanded price. Arguments / justification in support of the request for the demanded price (May be attached a separate sheet). |

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| Note 1. |  | The actual unit cost in col.3 is to be given in case of the drug imported and working may be attached to reconcile with total quantity. |
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| Note 2. |  | In case of Originator Brand, reference prices must be provided as per Drug Pricing Policy-2018. Verification of retail price be provided directly to the Division of Costing & Pricing, Drug Regulatory Authority of Pakistan by the verifying agency. |
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| Note 3. | (a) | Existing unit pack price is to be given. |
|  | (b) | Information under 3.200 is to cover different pack sizes of the same drug. |
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| Note 4. | (a) | Enclose verified import invoices in support of actual C&F value alongwith bills of entries and other import documents. Date and rate of foreign exchange against Pak. Rupee must be clearly indicated. |
|  | (b) | In case of drug imported on the basis of currency other than that of the country of export, the reason be given. |
|  | (c) | Import invoices of finished drug must be verified from concerned Assistant Director (Import) of DRAP. |
|  | (d) | Copies of all other documents must be verified by the signatory of the application. |
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| Note 5. |  | All fields and columns must be filled in. In case any field / column not applicable, it must be clearly marked as N/A. Incomplete application will be rejected. |
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| Note 6. |  | Each page of the application and declaration must be duly signed and stamped by the CEO /Managing Director / Managing Partner / sole proprietor. In case of company any authorized person only on behalf of a company must sign declaration and each page. Authority letter must be attached with this form. Copy of CNIC signing the application to be attached. |
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