ආනයන හා අපනයන පාලන දෙපාර්තමේන්තුව

இறக்குமதி மற்றும் ஏற்றுமதி கட்டுப்பாடுத் திணைக்களம்

Import and Export Control Department

ආනයන පාලන බලපත්‍රයක් ලබා ගැනීමේ අයදුම්පත්‍රය

இறக்குமதி கட்டுப்பாட்டு உரிமத்திற்கான விண்ணப்பம்

APPLICATION FOR AN IMPORT CONTROL LICENSE

Applicant Details

01. Applicant ID

02. Type of Applicant — Individual ☐ Incorporation ☐ Partnership ☐ Sole Proprietorship ☐ Other Specify

03. Company Name (If Individual Name in full)

04. Business Registration No. (If Individual NIC or Passport No)

05. Address

06. Telephone — Fax

07. E-mail

Basic Information

08. License Type ☐ General ☐ Block — 09. Exchange Type ☐ Exchange ☐ Non-Exchange

10. Commercial Type ☐ Commercial ☐ Non-Commercial

11. Name of the Bank

12. Mode of Payment ☐ DA ☐ DP ☐ LC ☐ TC ☐ OA

13. Mode of Transportation ☐ Air Freight ☐ Sea Freight ☐ Post ☐ Baggage

Proforma Invoice Details

14. Proforma Invoice No.

15. Name and address of the Suppliers

Name of the Supplier 1	
Address of the Supplier 1	
Name of the Supplier 2	
Address of the Supplier 2	
Name of the Supplier 3	
Address of the Supplier 3	

16. Country of Origin }

17. Country of Manufacture }

18. Country of Shipment. }

19. Product Category } ☐ Western Drugs ☐ Veterinery Drugs ☐ Ayurvedic Medicine ☐ Homeophatic Medicine ☐ Surgical Sutures

(Please use a separate cage for each item and attach a separate sheet when the space provided below is not adequate)

20.

HS Number					
Description					
Item Type (Drug/ Device)					
Generic Name					
Trade Name					
Container e.g.- Blister Packs, Boxes					
Dosage Form e.g.- Capsules, Tablet, Syrup					
Pack Size — Rows					
Pack Size — Columns					
Container Price					
No. of Containers					
Strength of Unit					
Measure Unit e.g.- milligram/ gram/ milliliter					
Quantitiy					
Unit Price					

Cost Insuarance Freight

Total CIF

General Information

21. Purpose of End Use

22. Other Please Specify

Declaration of the Applicant

I apply for an import license in respect of goods described above and I declare that the particulars furnished by me are true & correct.

Signature ..... Date .....

(Signature must be registered with the licensing Unit as an authorized signatory)