

MINISTRY OF LIVESTOCK AND FISHERIES DEVELOPMENT

FORM E

IMPORT/EXPORT OF DRUGS AND VACCINES

Application No:.....

Date.....

- I. Name of Importer/Exporter.....
Address.....Tel. No.....Business Location.....
LR NO..... Street/Road..... Town.....
PIN No..... VAT NO.....
Commodity.....Value (FOB/CIF) Kshs.....
Quantity.....Date of Manufacture.....Expiry Date
Purpose for Importation/Exportation.....
.....
Country of Origin/Destination.....
Last Imports/Exports Quantity Value Kshs.....
Date

N.B. *Part I to be completed by the applicant. Misleading information in Part I may lead to invalidation of the application and/or prosecution.*

II. EVALUATION BY MANAGING DIRECTOR - KEVEVAPI

I have examined the application

I have recommended/do not recommend

- Reasons:** 1.....
2.....
3.....

Name:.....

Signed:..... Date:.....

(Relevant Acts: Cap. 364, 356, 254, 242, 354)

III. EVALUATION BY CHIEF OF DIVISION/VETERINARY SERVICES

I have examined the application

I have recommended/do not recommend

Reasons: 1.
2.
3.

Name:.....

Signed: Date.....

CHIEF OF DIVISION

IV. RECOMMENDATION BY DIRECTOR OF VETERINARY SERVICES

I have examined the application.

I have recommended/do not recommend

Reasons: 1.
2.
3.

Name:.....

Signed: **Date:**

DIRECTOR OF VETERINARY SERVICES

V. DECISION OF THE PERMANENT SECRETARY

Approved/Not Approved.

Signed:

PERMANENT SECRETARY

Date:

*Valid for Three Months, for one consignment, from the date of Approval
(Relevant Acts: Cap. 364, 356, 254, 242, 354)*