

Import Customs Declaration Form

Pharmaceuticals

Importer Details

Importer Name

Importer Address

Email

Phone

Shipment Details

Estimated Arrival Date

Port of Entry

Country of Origin

Mode of Transport

Pharmaceutical Product Details

Product Name

Generic Name

Manufacturer

Batch Number

Expiry Date

Quantity

Brief Description

Additional Information

Supporting Documents

Remarks

Declaration

I hereby declare that the above information is true and correct.