This form, when completed, will be classified as 'For official use only'.

Department of Health and Aged Care

Office of Drug Control

Application for permission to import substances under Regulation 5G and 5H of the **Customs (Prohibited Imports) Regulations 1956**

Substances controlled under Regulation 5G/5H of the Customs (Prohibited Imports) Regulations 1956.

To assist in the completion of this form, guidance is available on the ODC website

| | OR | ☐ Finished goods | | |
|---|---|---|--|--|
| 1. Importer information | | | | |
| Importer's name: | | Importer's state/territory licence number: | | |
| Company name: | | _ | | |
| | | | | |
| Company address: | | | | |
| Postal address: | | | | |
| Please tick if an express envelope has been | provided | | | |
| 2. Exporter information | | | | |
| Overseas exporter's full name: | | | | |
| Overseas exporter's address: | | | | |
| 3. Substance details | | | | |
| Substance name: | ame: | | | |
| (e.g. Testosterone) (finished goods only) | | | | |
| Concentration/strength: | Form of substance (e.g. tablets, vials): | | | |
| Pack type and size: | Total number of packs in shipment: | | | |
| End user declaration attached (Compulsory for raw materials): Yes | | | | |
| ARTG / APVMA / Laboratory Use / Sponsored SAS / CTN (Compulsory field for finished goods): | | | | |
| 4. Declaration and consent | | | | |
| I hereby apply to the Secretary, Department of Health of the Customs (Prohibited Imports) Regulation 1956. | and Aged Care, for a pe | rmission to import a drug in accordance with regulation 5 | | |
| I declare that, to the best of my knowledge, all the info false or misleading information is a serious offence—s | | | | |
| personal information as defined in the <i>Privacy Act 198</i> | 8, to law enforcement aç e laws and regulations ar | ovide any or all of the contents of this application, including gencies and regulatory agencies in the Commonwealth, re being complied with. I consent to all such disclosures nation about me. | | |
| Signature of importer: | | Name: | | |
| | | Date: | | |
| Position: | | Email: | | |
| Direct telephone: | | Mobile: | | |

GPO Box 9848 Canberra ACT 2601 ABN 83 605 426 759



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End-User Declaration (EUD)

The raw material I wish to import is controlled under Regulation 5G or 5H of the <u>Customs (Prohibited Imports)</u> <u>Regulations 1956</u>. I understand that to import a raw material a declaration must be provided when applying for permission to import.

| permission to import. | · | 11,7,0 | | |
|---|---------------------------------|------------------------------------|--|--|
| Substance Details Substance Name: Quantity: To be imported for (specify end use and customers): | | | | |
| Importer's details and declaration Name: | | | | |
| Company: Address: | | | | |
| I declare that to the best of my knowledge all the information in this declaration is true, correct and complete. I am aware that giving false or misleading information is a serious offence (see Division 136 and 137 of the Criminal Code Act 1995). | | | | |
| Signature of importer: | Date: | | | |
| | | | | |
| End User Distributor/Wholesaler's details and declarance: Company: | ation | | | |
| Address: | tion in this declaration is tru | ie correct and complete I am aware | | |
| I declare that to the best of my knowledge all the information in this declaration is true, correct and complete. I am aware that giving false or misleading information is a serious offence (see Division 136 and 137 of the Criminal Code Act 1995). | | | | |
| Signature of distributor/wholesaler: | Date: | | | |