

GOVERNMENT OF ZAMBIA

STATUTORY INSTRUMENT NO. 57 OF 2017

The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

**The Medicines and Allied Substances
(Importation and Exportation) Regulations, 2017**

ARRANGEMENT OF REGULATIONS

Regulation

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SCHEDULE

IN EXERCISE of the powers contained in sections 35 and 36 of the Medicines and Allied Substances Act, 2013, and on the recommendation of the Authority the following Regulations are made:

Title	1. These Regulations may be cited as the Medicines and Allied Substances (Importation and Exportation) Regulations, 2017.
Interpretation	2. In these regulations unless the context otherwise requires— “competent authority ”, in relation to a traveller entering Zambia with a medicine or allied substance for that traveller’s use, means the medicines and allied substances regulatory authority in the country where the medicine or allied substance was prescribed for use by the traveller; “dental surgeon ” means a health practitioner registered as such under the Health Professions Act, 2009, or duly registered in a foreign country; “insanitary conditions ” means conditions or circumstances that could cause contamination of a medicine or allied substance with dirt or filth or could render the medicine or allied substance injurious or dangerous to health; “medical doctor ” means a health practitioner registered as such under the Health Professions Act, 2009, or duly registered in a foreign country; “permit ” means an importation permit issued under section 35 or an exportation permit issued under section 36 of the Act; “personal use ” includes use by a person’s relative or animal; and “veterinary surgeon ” has the meaning assigned to the term in the Veterinary and Veterinary Para-Professions Act, 2010, and includes a veterinary surgeon duly registered in a foreign country.
Act No. 24 of 2009	
Act No. 24 of 2009	
Act No. 45 of 2010	
Application for permit	3. (1) A person that intends to import or export any medicine or allied substance shall apply to the Authority for a permit in Form I set out in the Schedule upon payment of the prescribed fee. (2) An applicant for a permit to import any medicine or allied substance shall, before being issued with a permit under this regulation, pay the applicable pre-clearance fee prescribed for quality assurance in respect of the medicine or allied substance.

(3) The Authority shall, within fourteen days of the receipt of an application, notify the applicant of the decision of the Authority in respect of the application.

(4) The Authority may inspect the premises where medicines or allied substances in respect of which an application for a permit is made are kept in order to determine if the applicant meets the requirements of the Act and the guidelines issued by the Authority from time to time.

(5) The Authority shall, in considering an application under this regulation, take into account

- (a) the availability on the market in the Republic of the medicines and allied substances and reasons for the intended importation or exportation;
- (b) the marketing authorisation status in respect of the medicines or allied substances, where applicable;
- (c) the quantities of the medicines or allied substances intended to be imported or exported; and
- (d) provisions of any other relevant law.

(6) A person applying for a permit is not required to be a holder of a pharmaceutical licence.

4. (1) A person who intends to import any medicine or allied substance for personal use shall apply to the Authority for a permit to import the medicine or allied substance in Form II set out in the Schedule upon payment of the prescribed fee.

Application for permit to import medicine or allied substance for personal use

(2) The Authority shall within seven days from the date of receipt of an application under this regulation, notify the applicant of the decision of the Authority in respect of the application.

5. The Authority may request an applicant to submit additional information in relation to an application for a permit in Form III set out in the Schedule.

Request for additional information

6. (1) The Authority shall reject an application for a permit if the applicant

Rejection of application for permit

- (a) fails to comply with any condition precedent to the issue of the permit; or
- (b) does not meet the requirements of the Act and guidelines issued by the Authority from time to time.

(2) The Authority may reject an application for a permit if the applicant has been convicted of an offence under the Act or any other relevant law and has been sentenced to imprisonment for a period exceeding six months during the last three years.

	<p>(3) The Authority shall, where it rejects an application under subregulation (1) or (2), inform the applicant of the reasons for the rejection of the application in Form IV set out in the Schedule.</p>
Issuance of permit	<p>7. (1) The Authority shall, where the applicant under regulation 3 meets the requirements of the Act, issue a permit in Form V set out in the Schedule.</p> <p>(2) The Authority shall, where the applicant under regulation 4 meets the requirements of the Act, issue a permit in Form VI set out in the Schedule.</p> <p>(3) A permit is valid for one year from the date of issue and only in respect of the consignment of medicines or allied substances specified in the permit.</p> <p>(4) A permit holder that is not able to import or export the medicines or allied substances in respect of which the permit was issued during the period that the permit remains valid may apply for another permit in accordance with regulation 5.</p> <p>(5) A permit is not renewable.</p>
Permit not transferable	<p>8. Except as otherwise provided in these Regulations, a permit holder shall not transfer the permit to another person.</p>
Amendment of permit	<p>9. (1) A permit holder that intends to amend that permit holder's permit shall apply to the Authority for amendment of the permit in Form VII set out in the Schedule upon payment of the prescribed fee.</p> <p>(2) The Authority may amend a permit where—</p> <p>(a) the name of a business changes;</p> <p>(b) the port of entry or exit for the medicines or allied substances in respect of which the permit was issued changes; or</p> <p>(d) there is a change of address of the permit holder.</p> <p>(3) The Authority shall, within fourteen days of the receipt of an application for amendment of a permit, inform the permit holder of its decision.</p> <p>(4) A permit holder shall, where the Authority grants the application for amendment of the permit, surrender the permit to the Authority and the Authority shall issue an amended permit for the remainder of the permit's validity period in Form V set out in the Schedule.</p>

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|--|-----------------------------|
| <p>10. A permit holder may, where a permit is lost, damaged or defaced, apply to the Authority for a duplicate permit in Form VIII set out in the Schedule upon payment of the prescribed fee.</p> | <p>Duplicate permit</p> |
| <p>11. (1) The Authority shall suspend a permit if the permit holder</p> <ul style="list-style-type: none"> (a) fails to obtain any clearance or permission under any other relevant written law, where required; (b) contravenes the terms and conditions of the permit or the provisions of the Act or any other relevant written law; or (c) obtained the permit by fraud or deliberate or negligent submission of false information. <p>(2) The Authority shall, before suspending a permit, give notice to the permit holder of the intention to suspend the permit and request the permit holder to show cause, within a specified period, why the permit should not be suspended.</p> <p>(3) A notice of intention to suspend a permit shall be in Form IX set out in the Schedule.</p> <p>(4) The Authority shall suspend a permit if the permit holder fails to take remedial measures within the period specified in the notice issued under subregulation (2).</p> <p>(5) A notice of suspension of a permit shall be in Form X set out in the Schedule.</p> <p>(6) A permit holder shall, where the permit is suspended, immediately surrender the permit to the Authority.</p> <p>(7) A permit holder shall, during the period that the permit remains suspended, quarantine at the permit holder's cost medicines or allied substances affected by that suspension.</p> | <p>Suspension of permit</p> |
| <p>12. (1) The Authority shall revoke a permit if—</p> <ul style="list-style-type: none"> (a) the permit holder contravenes the provisions of the Act or breaches the terms and conditions of the permit; (b) the permit holder fails to take corrective measures following the suspension of the permit; (c) it comes to the attention of the Authority that the medicines or allied substances in respect of which the permit was issued are not suitable or have become known to be dangerous or contain substances dangerous to human health, animal health or the environment; (d) the permit holder fails to comply with any other relevant written law; or (e) the permit holder obtained the permit by fraud or deliberate or negligent submission of false information or statements. | <p>Revocation of permit</p> |

(2) The Authority shall, before revoking a permit, give notice to the permit holder of the intention to revoke the permit and request the permit holder to show cause, within a specified period, why the permit should not be revoked.

(3) A notice of intention to revoke a permit shall be in Form IX set out in the Schedule.

(4) The Authority shall revoke a permit if the permit holder fails to take remedial measures within the period specified in the notice issued under subregulation (2).

(5) A notice of revocation of a permit shall be in Form X set out in the Schedule.

(6) A permit holder shall, where a permit is revoked, immediately surrender the permit to the Authority.

(7) Where a permit is revoked, the medicines or allied substances affected by the revocation of the permit shall be quarantined and disposed of as directed by the Authority at the permit holder's cost.

Exemption
of certain
travellers
from
requirement
to obtain
permit

13. (1) Subject to subregulation (2), these regulations do not apply to the importation by a traveller entering Zambia of a medicine or allied substance for that traveller's use.

(2) A traveller entering Zambia with a medicine or allied substance for that traveller's use shall furnish an inspector at the port of entry with written confirmation from the competent authority that the medicine or allied substance was prescribed for use by the traveller.

Disposal of
medicines or
allied
substances
stocked
under
insanitary
conditions

14. The Authority shall, where it establishes that the permit holder stocks medicines or allied substances under insanitary conditions, direct the permit holder to dispose of the medicines or allied substances at the permit holder's cost.

Register of
permits

15. (1) The Authority shall keep and maintain a register of permits in Form XI set out in the Schedule.

(2) The register referred to in subregulation (1) shall be kept at the offices of the Authority and shall be open to inspection by the public at such times as the Authority may specify and upon payment of the prescribed fee.

SCHEDULE

(Regulations 3, 4, 5, 6, 7, 9, 10, 11, 12 and 15)

PRESCRIBED FORMS

Form I
(Regulation 3 (1))



The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017

APPLICATION FOR IMPORTATION/EXPORTATION PERMIT FOR MEDICINE OR ALLIED SUBSTANCE

Please complete in block letters	Shaded fields for official use only	Application No.
		Date/Time
Information Required	Information Provided	✓
PART I - PARTICULARS OF THE APPLICANT		
1. Name of Business		
2. Physical Address:		
3. Postal Address:		
4. Business premises		
(a) Telephone Number:		
(b) Fax Number:		
(c) Mobile:		
(d) E-mail:		
PART II - PARTICULARS OF IMPORTATION/EXPORTATION		
5. Port of entry/exit		
(a) by rail to/from: station		
(b) by road via: (state port of entry/exit)		
(c) by parcel post to/from: (state post office)		
(d) by parcel post to/from: (state airport)		
6. Reason for importation/exportation (please tick what is applicable below)		
Commercial	<input type="checkbox"/>	
Donation	<input type="checkbox"/>	
Other	<input type="checkbox"/>	specify:
.....		
.....		

7.	Attachments (supporting documents)	
	(a) Copy of pharmaceutical Licence (where applicant is holder thereof)	
	(b) Copy of practitioners licence (if applicable)	
	(c) Permits under other relevant laws (if applicable)	
	(d) Inventory of medicines or allied substance to be imported/exported (Particulars and Quantities)	
8.	Conditions for an application for import or export permit	
	Applications must always be made by the actual Importer or Exporter or their authorised agent:	
	(a) A proforma invoice must accompany each application	
	(b) A separate application is required in respect of each consignment of medicines to be imported or exported	
	(c) The prescribed fees shall be paid for an import permit and must be forwarded with application	
	PART III – DECLARATION AND SIGNATURE	
	I declare that the information I have stated in this application is correct and truthful to the best of my knowledge and belief. I acknowledge that making a false or misleading statement in connection with a medicine or allied substance is an offence punishable by fine or imprisonment.	
	(a) Name:	
	(b) Designation:	
	(c) Signature: Date:/...../.....(dd/mm/yyyy)	
FOR OFFICIAL USE ONLY Date of Submission: Application No.: Payment Receipt No.: Application in Order (Proceed for inspection): Application Deficient (notify applicant on deficiencies): <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> OFFICIAL STAMP </div>		

Form II
(Regulation 4 (1))
(To be completed in triplicate)



The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017

APPLICATION FOR PERMIT TO IMPORT MEDICINE OR ALLIED SUBSTANCE FOR PERSONAL USE			
Please complete in block letters	Shaded fields for official use only	Application No. Date and Time	
Information Required	Information Provided	√	
PART I: PARTICULARS OF THE APPLICANT			
1.	Name:		
2.	Contact Details:		
	(a) Physical Address:		
	(b) Postal Address:		
	(c) Telephone No.		
	(d) Mobile phone No.		
	(e) E-mail address		
PART II: PARTICULARS OF MEDICINE(S) OR ALLIED SUBSTANCE(S)			
3.	Name(s)	Quantity	
	(a)		
	(b)		
	(c)		
4.	Attachment(s):		
	Prescription issued by a medical doctor, dental surgeon (where the prescription is for medicine or allied substance connected to dental practice) or veterinary surgeon (where the prescription is for medicine or allied substance connected to veterinary practice) as the case may be		
PART III: DECLARATION AND SIGNATURE			
<p>I declare that the information I have stated in this application is correct and truthful to the best of my knowledge and belief. I acknowledge that making a false or misleading statement in connection with a medicine or allied substance is an offence punishable by fine or imprisonment.</p> <p>(a) Name:</p> <p>(b) Signature: Date:/...../.....(dd/mm/yyyy)</p>			
<p>FOR OFFICIAL USE ONLY</p> <p>Date of Submission:</p> <p>Application No.:</p> <p>Payment Receipt No.:</p> <p>Application Complete (Proceed to issue)</p> <p>Application Deficient (Notify applicant on deficiencies):</p> <div style="text-align: center; margin-top: 20px; border: 1px solid black; width: 100px; margin: 0 auto; padding: 5px;">OFFICIAL STAMP</div>			



The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017

REQUEST FOR ADDITIONAL INFORMATION

To:

Physical address:.....

Application No:

Street:

Postal address:

District.....

Province.....

You are requested to furnish, the following information or documents in respect of your application forwithin days of this request .

(a)

...

(b)

...

(c)

...

(d)

...

(e)

...

If you fail to furnish the requested information within the stipulated period, your application will be treated as invalid and be rejected.

Dated this day of, 20.....

.....
Director-General

OFFICIAL
STAMP



The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017

NOTICE OF REJECTION OF APPLICATION

1. Here insert the full names and address of the applicant

TO (1)
.....
.....

2. Here insert the reference No. of the application

IN THE MATTER OF (2)

3. Here insert type of application

You are hereby notified that your application for (3)
..... has been rejected by the Authority on the following grounds:


- (a)
(b)
(c)
(d)

Dated this day at 20

4. Signature of Director-General

(4).....
Director-General


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STAMP

 ZAMBIA MEDICINES REGULATORY AUTHORITY		Permit No.....
The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017 *IMPORTATION/EXPORTATION PERMIT		
This is to certify that (Name of permit holder) of (Physical Address)		
is authorised to:		
<input type="checkbox"/> *import/*export the following *medicine(s) allied substance(s):		Quantity
1.....	
2.....	
3.....	
4.....	
<input type="checkbox"/> Port of Entry/Exit		
This permit is valid until 20.....		
Terms and Conditions imposed by the Zambia Medicines Regulatory Authority (refer to notes overleaf)		
..... (Seal) <i>Director-General</i>	 <i>Date of Issue</i>

*Delete as applicable

TERMS AND CONDITIONS OF IMPORTATION/EXPORTATION PERMIT

1. This permit is not transferable or renewable.
2. The holder of the permit shall produce the permit together with other approved or endorsed documents to an inspector and customs officer at the time of importation or exportation.
3. The holder of the permit shall keep records relating to the importation or exportation of medicines or allied substances and avail the records to an inspector for inspection.
4. Non-compliance with any of the terms and conditions of the permit shall result in suspension or revocation of permit.

	
ZAMBIA MEDICINES REGULATORY AUTHORITY	
Permit No.	
The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017	
IMPORTATION (PERSONAL USE) PERMIT	
This is to certify that (Name of permit holder)	
..... of (Physical Address)	
.....	
.....	
is authorised to:	
import the following *medicine(s)/allied substance(s):	Quantity
1.....
2.....
3.....
4.....
[] Port of Entry	
This permit is valid until 20.....	
----- (Seal) -----	-----
<i>Director-General</i>	<i>Date of Issue</i>

*Delete as applicable



The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017

APPLICATION FOR AMENDMENT OF PERMIT			
Please complete in block letters	Shaded fields for official use only	Licence No. Application No. Date and Time	
<i>Information Required</i>	<i>Information Provided</i>		√
PART I: PARTICULARS OF APPLICANT			
1. Licence No.:			
2. Name (s) of applicant:			
3. Business address (Head Office):			
4. (a) Telephone No.:			
(b) Fax No.:			
(c) Operations			
(d) E-mail address			
PART II: PARTICULARS OF AMENDMENT			
5.	No.	CURRENT INFORMATION	DESCRIPTION OF AMENDMENT(S)
	1.		
	2.		
	3.		
	4.		
	5.		
6.	Attachment(s)		
	Attach supporting document(s) where applicable		
	1.		
	2.		
	3.		
PART III: DECLARATION AND SIGNATURE			
<p>I declare that the information I have stated in this application is correct and truthful to the best of my knowledge and belief. I acknowledge that making a false or misleading statement in connection with a medicine or allied substance is an offence punishable by fine or imprisonment.</p> <p>(a) Name:</p> <p>(a) Name:</p> <p>(b) Designation:</p> <p>(c) Signature: Date:/...../..... (dd/mm/yyyy)</p>			
FOR OFFICIAL USE ONLY Date of Submission: Application No.: Payment Receipt No.: Application Complete (Proceed to issue) Application Deficient (Notify applicant on deficiencies):			
<div style="border: 1px solid black; display: inline-block; padding: 5px 20px;">OFFICIAL STAMP</div>			



The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017

APPLICATION FOR DUPLICATE PERMIT			
Please complete in block letters	Shaded fields for official use only	Application No. Date and Time	
<i>Information Required</i>	<i>Information Provided</i>	√	
PART I: PARTICULARS OF THE APPLICANT			
1. Permit No.:			
2. Name (s) of applicant:			
3. Business address (Head Office):			
4. Permit Holder/ Responsible person: Operations			
PART II: SUPPORTING DOCUMENTATION			
5.	Submit an affidavit of loss or damage, of Permit and Police Report		
PART III: DECLARATION AND SIGNATURE			
<p>I declare that the information I have stated in this application is correct and truthful to the best of my knowledge and belief. I acknowledge that making a false or misleading statement in connection with a medicine or allied substance is an offence punishable by fine or imprisonment.</p> <p>(a) Name</p> <p>(b) Designation:</p> <p>(c) Signature: Date:/...../..... (dd/mm/yyyy)</p>			
<p>FOR OFFICIAL USE ONLY</p> <p>Date of Submission:</p> <p>Application No.:</p> <p>Payment Receipt No.:</p> <p>Application Complete (Proceed to issue)</p> <p>Application Deficient (Notify applicant on deficiencies):</p> <div style="text-align: right; margin-top: 20px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">OFFICIAL STAMP</div> </div>			



The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

**The Medicines and Allied Substances
(Importation and Exportation) Regulations, 2017**

NOTICE OF INTENTION TO *SUSPEND/REVOKE *IMPORTATION/EXPORTATION PERMIT

(1) Here insert the full names and address of the Permit holder **To:** (1).....
.....

(2) Here insert the Permit No. IN THE MATTER OF (2).....you are hereby notified that the Board intends to *suspend/revoke your permit on the following grounds:

- (a)
.....
(b)
.....
(c)
.....
(d)
.....

(3) Here insert the number of days stipulated Accordingly, you are requested to show cause why your permit should not be *suspended/revoked and to take action to remedy the breaches set out in paragraphs (above) within (3)..... days of receiving this notice. Failure to remedy the said breaches shall result in the *suspension / revocation of your Permit.

Dated this..... day of, 20.....

(4) Signature of
Director-
General

(4)
Director-General

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STAMP

*Delete as applicable



The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017

NOTICE OF *SUSPENSION/REVOCATION OF *IMPORTATION/EXPORTATION PERMIT

- (1) Here **To:** (1).....
insert the
full names
and
address of
permit
holder IN THE MATTER OF (2).....you are hereby notified that your permit has
been suspended for a period (3)...../revoked on the following grounds:
(a)
(b)
(2) Here (c)
insert the (d)
Permit No.
(3) Here You are required to surrender the permit to the Authority immediately.
insert
number of
days
stipulated Dated this day of, 20.....
(4) Signature (4)
of
Director- *Director-General*
General

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*Delete as applicable



The Medicines and Allied Substances Act, 2013
(Act No. 3 of 2013)

The Medicines and Allied Substances (Importation and Exportation) Regulations, 2017

REGISTER OF IMPORTATION AND EXPORTATION PERMITS

No.	Name of Permit holder	Permit Number	*Importation/ Exportation	Date of Issue	Expiry Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					

*Indicate as applicable

LUSAKA

14th July, 2017

[MH/101/16/1]

DR C. CHILUFYA,
Minister of Health