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Application for Generic Drug Export Certificate		Check List
To: The director of Medicine Policies Department I hereby request your agreement to make export certificate for the following pharmaceutical product		
Trade Name		
Generic Name		
Package size		
Ex- Factory price (Currant)		
Wholesaler price to Pharmacy (Currant)		
Public price (Currant) Excluding VAT		
Public price (Currant) including VAT		

Signature of the Responsible Pharmacist

Date:

Chec