



**MINISTRY OF HEALTH
KINGDOM OF ESWATINI**

APPLICATION TO REGISTER AS AN IMPORTER OF PHARMACEUTICALS

APPLICATION TO REGISTER AS AN IMPORTER OF MEDICINE(S)

Name of Importer:

.....

Physical and Postal Address of Importer:

.....

.....

.....

Email:

.....

Telephone number:

Fax Number:

.....

Carrying on business as:

.....

Is hereby applying to be recognised as a registered Importer of Medicine(s) into Swaziland

Name of Supervising Pharmacist:

.....

Registration Certificate No. of Supervising Pharmacist:

.....

Please attached the following information:

1. Swaziland Medical and Dental Council Registration Certificate or Licence of supervising pharmacist
2. Must be registered with the Ministry of Health of Eswatini as a Pharmaceutical Establishment (Pharmaceutical Wholesale or Pharmacy)
2. Company trading license
3. Company VAT registration certificate