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| |  | | --- | | eu-flag | | | | | Communauté européenne – EUROPEAN COMMUNITYMARCHANDISES SOUMISES AU CONTRÔLE À L’IMPORTATION - GOODS SUBJECT TO IMPORT CONTROLPrécurseurs de drogues - Règlement (cE) N° 111/2005 Autorisation d’importation DRUG PRECURSORS – REGULATION (EC) N° 111/2005 IMPORT AUTHORISATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1. Importateur (nom en adresse)-IMPORTER (NAME AND ADDRESS) | | | | | | | | | | | | | | 2. Authorisation N°-AUTHORISATION N°: | | | | | | | | |  | | | | | | | | F | |
|  |  |  | | | | | | | | | | | | | | Délivrance (Date)- ISSUED (DATE): | | | |  | | | | | | Lieu- AT: | |  | | | | | | |
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|  |  |  | | | | | | | | | | | | | | 3. Période de validité–PERIOD OF VALIDITY: | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | Début-BEGINNING: | | | | | | | | | | | Fin-END: | | | | | | | |
|  |  |  | | | | | | | | | | | | | |  | | | | |  | | | | | |  | |  | | | | |  |
|  |  | 4. Exportateur (nom et adresse)-EXPORTER (NAME AND ADDRESS) | | | | | | | | | | | | | | 5. Autorité de délivrance-ISSUING AUTHORITY:  Agence Fédérale des Médicaments et des Produits de Santé  DG Inspection – Division Autorisations  Cellule Précurseurs  Eurostation Bloc II  Place Victor Horta 40 bte 40  1060 Bruxelles Tél : 02/528.43.12 ou 02/528.42.42  Fax : 02/528.43.19  E-mail : [drugprecursor@afmps.be](mailto:drugprecursor@afmps.be) | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  |  | 6. Autre(s) opérateur(s) / (nom et adresse)  OTHER OPERATOR(S) (NAME AND ADDRESS) | | | | | | | | | | | | | | 7. Autorité compétente du pays d’exportation-  COMPETENT AUTHORITY OF THE EXPORTING COUNTRY | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  |  | 8. Destinataire final (nom et adresse)-ULTIMATE CONSIGNEE (NAME AND ADDRESS) | | | | | | | | | | | | | | 9. Point d’entrée sur le territoire douanier de la Communauté-  POINT OF ENTRY INTO THE IMPORTING COUNTRY | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | 10. Méthodes/moyens de transport-  METHODS/MEANS OF TRANSPORT | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  |  | 11a. Substance classifiée-SCHEDULED SUBSTANCE | | | | | | | | | | | | | | | | 12a. Code NC-CN CODE | | | | | | | | | |  | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | 13a. Poids net-NET WEIGHT | | | | | | | | | |  | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | 14a. % du mélange-% OF MIXTURE | | | | | | | | | |  | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | 15a. N° de facture-INVOICE N° | | | | | | | | | |  | | | | | | |
|  |  | 11b. Substance classifiée-SCHEDULED SUBSTANCE | | | | | | | | | | | | | | | | 12b. Code NC-CN CODE | | | | | | | | | |  | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | 13b. Poids net-NET WEIGHT | | | | | | | | | |  | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | 14b. % du mélange-% OF MIXTURE | | | | | | | | | |  | | | | | | |
|  | |  | | | | | | | | | | | | | | | | 15b. N° de facture-INVOICE N° | | | | | | | | | |  | | | | | | |
|  | | 16. Déclaration du demandeur-DECLARATION BY THE APPLICANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Nom- NAME: |  | | | | | | | | | Représentant-REPRESENTING: | | | | |  | | | | | | | | | | | | | | (demandeur)- (APPLICANT) | | | |
|  | | Signature- SIGNATURE: | | | | |  | | | | | Date- DATE: | |  | | | | | | | | | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 17. (À compléter par l’autorité de délivrance)-  (FOR COMPLETION BY ISSUING AUTHORITY) | | | | | | | | | | | | | | | 18. (À compléter par le bureau de douane dans la Communauté)- (FOR COMPLETION BY THE CUSTOMS OFFICE IN THE COMMUNITY) | | | | | | | | | | | | | | | | | |
|  | | Cases 7, 9, 10: Informations toujours manquantes- BOXES 7, 9, 10: INFORMATION STILL REQUIRED | | | | | | | Oui- YES |  | | | Non- NO | |  | | Référence douanière- CUSTOMSREFERENCE: | | | | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | (déclaration de placement sous le régime ou numéro de référence de la destination douanière admise)- (DECLARATION OF ENTRY INTO THE PROCEDURE OR REFERENCE NUMBER TO THE CUSTOMS APPROVED TREATMENT OR USE) | | | | | | | | | | | | | | | | | |
|  | | Signature- SIGNATURE: | | | |  | | | | |  | | | | | | Signature du responsable- SIGNATURE OF OFFICER: | | | | | |  | | | | | | | | | | | |
|  | | Fonction- FUNCTION: | | |  | | | | | |  | | | | | | Fonction- FUNCTION: | |  | | | | | | | | | Place- PLACE: | |  | | | | |
|  | | Date- DATE: | | |  | | | Cachet- STAMP: | | |  | | | | | | Date- DATE: | |  | | | | | | | | | Cachet- STAMP: | | | |  | | |
|  | | DraftVersie1: DM/precursoren/3deluikfrengimp/2006-01-23 | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | |  | | |