

Department of Agriculture and Rural Development

VAC3

Application for Authorisation to Import a Vaccine into Northern Ireland

Please complete in **BLOCK CAPITALS**.

Name of Importer: _____ *(This must be the name of either a person currently resident in Northern Ireland or of a Northern Ireland Registered Company. An importer must be either a Pharmacist, Veterinarian or registered with the DHSSPS (NI) as a wholesale dealer or agricultural Merchant.) Address: _____ _____ _____ Postcode _____
Address of premises where stock will be kept (if different from above) _____ _____ Postcode _____
Name of Manufacturer _____ Address _____ _____ Postcode _____ Telephone Number _____ Fax Number _____
Name and Address of premises from which product will be imported into Northern Ireland _____ _____ Postcode _____ Telephone Number _____ Fax Number _____
Full Trade Name of Product _____ _____ Batch No _____ Expiry Date _____ Community Register/Marketing Authorisation Number _____
Pharmaceutical Form (details of containers): _____ _____
Signature: _____ Position in Company _____ Date _____ Telephone Number _____ Fax Number _____
Applications must be received at least 3 working days before intended date of import. Please return completed application to: DARD, Veterinary Service Logistics Implementation Branch, Room 930 Dundonald House, Upper Newtownards Road, Belfast BT4 3SB Fax (028) 9052 5281

