**Disclosure and undertaking form for requesting permission to import non-medical laboratory reagents**

**(Printed on the importer's official paper)**

We, (Establishment Name)...............has commercial registration number.... (If any)... ....and with reference to our request in the Ghad electronic system, which includes a request for permission to import non-medical laboratory reagents contained in the invoice/ s below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SL. No | Invoice Number | Invoice Date | Number of items | Manufacture  | Country of manufacture |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

Coming through the port...................................................We pledge to the following:

1. The shipment items contained in the invoice(s) comply with international conditions and standards.
2. All attached documents and data are correct and related to the items mentioned in the application
3. The conditions of transportation and storage shall be taken into account in accordance with requirements of the Saudi Food and Drug Authority and the manufacturer’s recommendations, in addition to clarifying the storage location after clearing the consignment (shipment).
4. Bring the original invoice and certificate of origin to the port of arrival.
5. The reagents do not contain the factor that causes AIDS (HIV).
6. Use the materials required to be imported for the purpose for which they were brought, in addition to not trading these materials in places other than those designated for that. We also bear all damages resulting from misuse or using them for a purpose other than they were brought.
7. The staff shall be academically and practically qualified.
8. Maintaining documents and data records of incoming, outgoing and consumed quantities annually.
9. The shipment items contained in the above invoice contain:

|  |  |
| --- | --- |
| 9.1 Radioactive Substance | Yes or No? |
| Name of Radioactive substance (if yes): …………………………. |
| 9.2 Chemicals subject to public security control | Yes or No? |
| Name of Chemical substance (if yes): …………………………. |
| 9.3 Narcotic Substance | Yes or No? |
| Name of Narcotic Substance (if yes): …………………………. |

|  |
| --- |
| Signature  |
| Name of the responsible person |  |
| Job title |  |
| Date  |  |
| Signature  |  |
| Seal |  |