



Drugs Licensing Section, 6<sup>th</sup> Floor Peel Building, 2 Marsham Street, London SW1P 4DF, UK  
 Direct Line: +44 (0) 207 035 0472 Fax: +44 (0) 207 035 6161 licensing\_enquiry.aadu@homeoffice.gsi.gov.uk

## APPLICATION FOR PERSONAL IMPORT LICENCE

- Please give details of **controlled drugs only**.
- Please send/fax the completed form to the Drugs Licensing Section (details above).
- The form must be accompanied by a brief note from the appropriate doctor/addictions service, **on headed notepaper**, confirming that the details given are correct.
- Please allow **3 WEEKS** for the application to be processed

### PATIENT DETAILS

Title	
Initials	
First Name (as in passport)	
Surname (as in passport)	
Current Address	
Postcode	
Country of Origin	
Departure Date	
Return Date	

### DETAILS OF DRUG(S)

	Name (brand or chemical)	Form (eg tablets /ampoules)	Strength (in mg or mg/ml)	Total quantity to be taken abroad
Drug 1				
Drug 2				
Drug 3				
Drug 4				

### DETAILS OF DOCTOR/DRUGWORKER WHO MAY BE CONTACTED FOR FURTHER INFORMATION:

Name	
Telephone	
Fax	

Unless you request otherwise, the Licence once issued will be sent by post to the patient at the given address. Please note that faxed licences are not valid.

