

Application Guidance: Licence to Import Controlled Drugs

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This document provides guidance for applicants on completing the application form for a Licence to Import Controlled Drugs.

- The application form is used to apply for a Licence to Import Controlled Drugs, pursuant to regulations 3 and 7 of the Misuse of Drugs Regulations 1977.
- All relevant sections must be fully completed for an application to be considered.
- Please note that details on an issued licence cannot be updated or amended; therefore, applicants are encouraged to verify the accuracy of all information provided before submission.

Section 1: Applicant

This section identifies the person completing and submitting the application. The applicant must be authorised to represent the importer or be acting in their professional capacity, for example a health practitioner.

Title	Provide your formal title (for example, Mr, Ms, Dr, Prof).
First name	Provide your given name and family name.
Surname	Note, where applicable, these should align with official or professional records, such as health practitioner registration details.
Position title	Provide your current job or professional role title (for example, Procurement Lead, Compliance Manager, Pharmacist, Medical Practitioner).
Email	Provide a current and valid contact email address.
Phone	Provide a daytime contact phone number.
Applicant's reference	This field is optional. You may provide an internal reference number or identifier for your own tracking purposes.

Section 2: Importer

This section identifies details of the New Zealand importer of the controlled drugs.

Importer legal entity name	Provide the registered legal name of the importer. If a company, please ensure this aligns with the Companies Office register and, where applicable, a supply chain licence (for example, licence to deal in controlled drugs).
Importer trading name	Provide the trading name of the importer.

Importer business premises street address	Provide the physical address of the importer's business premises. Note that Post Office Box addresses are not permitted. <ul style="list-style-type: none"> • Level/unit • Street Name and Number • Suburb • Town/City • Postcode
Physical address for consignment	Provide the physical address details where the consignment will be received, if different from the importer's business premises. <ul style="list-style-type: none"> • Importer legal entity name • Importer trading name • Level/Unit • Street name and number • Suburb • Town/City • Postcode
Eligibility	State the reason that qualifies the importer to apply for an import licence, and choose one option. If you select " Other ", specify the relevant authorisation, such as reference to an approval under the Misuse of Drugs Act 1975.

Section 3: Exporter

This section identifies the overseas exporter sending the controlled drugs.

Exporter name	Provide the full legal name of the overseas exporter or organisation.
Exporter business premises street address	Provide the full physical address of the exporter. <ul style="list-style-type: none"> • Level/Unit • Street Name and Number • Suburb • Town/City • Postcode

Section 4: Controlled Drugs

This section describes the controlled drugs included in the import consignment. Complete all fields for each product.

Trade name	Specify the commercial or brand name of the product, if applicable.
Substance name	Specify the chemical or approved name of the controlled drug (for example, morphine sulfate).
Concentration / strength	Specify the strength per unit (for example, mg per tablet or mg/mL).
Form	Specify the pharmaceutical form (for example, tablet, capsule, solution, injection).
Pack size	Specify the quantity contained in each pack.

Number of packs	Specify the total number of packs to be imported.
Purpose of import	State the purpose of the import (for example, commercial supply, clinical use, or research).
Anticipated date of import	Specify the expected date the consignment will arrive into New Zealand.
Method of transport	Specify the method of import (choose one option): <ul style="list-style-type: none"> • Airfreight, or • Sea freight

Section 5: Declaration

Completion of the applicant declaration is required for all applications.

Contact Medsafe

Medicines Control Branch (email medicinescontrol@health.govt.nz).