

ANNEX II

FORM OF APPLICATION FOR ISSUE OF MEDICAL EQUIPMENT IMPORT PERMIT
(Issued with Circular No. 30/2015/TT-BYT dated 12/10/2015 of the Minister of Health)

Form No.01 – Application for new issue of medical equipment import Permit

Form No.02 – Application for renewal of medical equipment import Permit

Form No.03 – Application for modification of medical equipment import Permit

Form No.04 – Application for re-issue of medical equipment import Permit

Form No.01 – Application for new issue of medical equipment import permit

Name of importing unit

SOCIALIST REPUBLIC OF VIETNAM

Independence - Freedom - Happiness

No.:/.....(*)

(**)....., date.....month....year.....

Application for new issue of medical equipment import Permit

To: the Ministry of Health (Department of Medical Equipment and Health Facilities)

Importing unit Importing unit:

Address:

Tax code:

Tel:

Fax:

Legitimate representative Legitimate representative:

Contact Tel:

Mobile phone:

Officer in charge of importing activities:

Contact Tel:

Mobile phone:

Request the issue of medical equipment import Permit according to the following list:

No.	Name of medical equipment	Model	Firm/country of manufacture	Firm/country of owner	Distributing firm/country (if any)	Year of manufacture

1. Import purpose:

2. Duration of Certificate of free sale:

3. ISO Duration of ISO Certificate:

4. Duration of Letter of authorization:

5. Commitment of the importing unit:

- Takes responsibility to guarantee the quality, type and amount of imported medical equipment in accordance with the contents of application. The medical equipment is 100% brand new.

- Takes responsibility to warrant the medical equipment and provide chemicals, materials and replacement components during utilization.

- Meets the requirements and conditions about the contingent of officials responsible for techniques and ensures the efficiency and safety of medical equipment for the users and environment, ensures the conditions about facilities and means of transport without effect on quality of imported equipment; ensures the requirements for label of goods and equipment in accordance with regulations.

- Ensures the use of imported medical equipment in accordance with the contents of application and accept the inspection and examination of competent authorities

We shall take full responsibility before law for breach of above commitment.

Importing unit

(Signature, full name and seal)

()Abbreviated symbol of the importing unit*

*(**)Name of province/city where the importing unit's head office is located.*

Form No.02 – Application for renewal of medical equipment import Permit

Name of importing unit

SOCIALIST REPUBLIC OF VIETNAM

Independence - Freedom - Happiness

No.:/.....(*)

(**)....., date.....month....year.....

Application for renewal of medical equipment import Permit

To: Ministry of Health (Department of Medical Equipment and Health Facilities)

Importing unit:

Address:

Tax code:

Tel:

Fax:

Legitimate representative Legitimate representative:

Contact Tel:

Mobile phone:

Officer in charge of importing activities Officer in charge of importing activities:

Contact Tel:

Mobile phone:

Request the renewal of medical equipment import Permit according to the following list:

No.	Name of medical equipment	Model	Firm/country of manufacture	Firm/country of owner	Distributing firm/country (if any)	Year of manufacture

1. Issued import Permit No.....dated.....

2. Duration of Certificate of free sale:

3. Duration of ISO Certificate:

4. Duration of Letter of Authorization:

5. Reasons for renewal:

6. Attached documents:.....

We undertake to fully and properly comply with regulations of law of the State and the Ministry of Health on import of medical equipment and shall take full responsibility before law for any breach.

Importing unit

(Signature, full name and seal)

() Abbreviated symbol of the importing unit*

*(**) Name of province/city where the importing unit's head office is located*

Form No.03 – Application for modification of medical equipment import Permit

Name of importing unit

SOCIALIST REPUBLIC OF VIETNAM

Independence - Freedom - Happiness

No.:...../.....(*)

(**).....,date.....month....year.....

Application for modification of medical equipment import Permit

To: Ministry of Health (Department of Medical Equipment and Health Facilities)

Importing unit:

Address:

Tax code:

Tel:

Fax:

Legitimate representative:

Contact Tel:

Mobile phone:

Officer in charge of importing activities:

Contact Tel:

Mobile phone:

Request the modification of medical equipment import Permit according to the following list:

No.	Name of medical equipment	Model	Firm/country of manufacture	Firm/country of owner	Distributing firm/country (if any)	Year of manufacture

1. Issued import Permit No.....dated.....

2. Duration of Certificate of free sale:

3. Duration of ISO Certificate:

4. Duration of Letter of Authorization:

5. Reasons for modification:

6. Attached document:.....

I/we undertake to fully and properly comply with regulations of law of the State and the Ministry of Health on import of medical equipment and shall take full responsibility before law for any breach.

Importing unit

(Signature, full name and seal)

(*) Abbreviated symbol of the importing unit

(**) Name of province/city where the importing unit's head office is located

Form No.04 – Application for re-issue of medical equipment import Permit

Name of importing unit

SOCIALIST REPUBLIC OF VIETNAM
Independence - Freedom - Happiness

No.:/.....(*)

(**)....., date.....month....year.....

Application for re-issue of medical equipment import Permit

To: Ministry of Health (Department of Medical Equipment and Health Facilities)

Importing unit:

Address:

Tax code:

Tel:

Fax:

Legitimate representative:

Contact Tel:

Mobile phone:

Officer in charge of importing activities:

Contact Tel:

Mobile phone:

Request the re-issue of medical equipment import Permit according to the following list:

No.	Name of medical equipment	Model	Firm/country of manufacture	Firm/country of owner	Distributing firm/country (if any)	Year of manufacture

1. Issued import Permit: No.....dated....

2. Reasons for re-issue of Permit:

3. Attached document:

I/we undertake to fully and properly comply with regulations of law of the State and the Ministry of Health on import of medical equipment and shall take full responsibility before law for any breach.

Importing unit

(Signature, full name and seal)

() Abbreviated symbol of the importing unit*

*(**) Name of province/city where the importing unit's head office is located*