ANNEX C

Procedure on the Use of the FDA eServices Portal System for Import/ Export Notification

1. Access the online portal through <u>https://eservices.fda.gov.ph</u> and click **Applications** found at the upper right corner of the landing dashboard.



2. Click on the Import/ Export Notification.



3. Click on the Drug.

A. Import Notification





- 4. Read carefully the **Declaration & Undertaking.** Once done, check the box if you agree with all the conditions stated. Click on the **Start Application.**
 - A. Import Notification



eServices Portal	Home Applications FAQ	S
Home/ Applications / Notificati	on / Import / Drugs	
Import Notificat	lion	
Declaration & Undertaking	Declaration & Undertaking	
2 Applicant Information	We assume primary responsibility and/or stewardship over the product in case of liability, adverse events, or other public health & safety issues arising from its use. We agree to have	
3 Contact Person	in good ratin everted due diligence in ensuring & that third-party intellectual property rights are not infringed. We further agree and bind ourselves that the label of the product shall at all times conform to the labeling regulations, and shall not be presented including any advertisement of the product in a manner that is false, deceptive, "&" misleading, or contrary	l
Product Details	to public morals/ public policy. Non-observance of any of the undertakings in this declaration is deemed a misrepresentation which is a ground for disapproval of this application or, if approved, the suspension or cancellation of the product registration.	l
5 Uploading of Documents 6 Self-Assessment Review	We, categorically declare that all data and information submitted in connection with this notification as well as other submission in the future are true and correct and reflect the total information available. We certify that we have examined the following statements and we attest to their accuracy and truthfulness. We ensure that the submitted documentary requirements are complete and correct as prescribed to our application:	
	 I. The current Good Manufacturing Practice Guidelines is applied in full in the manufacture of this product; 	l
	 II. Each batch of all finished product is tested or certified and fully compliant (in an accompanying certificate of analysis for that batch) with the specifications cited in the claimed reference official monograph prior to importation; 	l
	Ill. The electronic copy of the files, documents, or information submitted in relation to this application are the exact duplicate or scapped copy of the same and appli-	
\langle	Start Application	

5. In the Applicant Information page, fill out all the required fields which are marked with asterisk (*). Provide a valid and working e-mail address and mobile number in the Contact Information, and the company pharmacist or the person in charge of the regulatory affairs in the Details of the Contact Person. Please take note that all fields marked with asterisk (*) in the succeeding steps are also required to be filled out. Click on Next.

A. Import Notification

Home/ Applications / Notific	cation / Import / Drugs		O Must be the con	npany pharmacist or personnel in charge of regulatory affairs
mport Notifica	ation		Details of the C	Contact Person
	A marking and later		* First Name	First Name
Declaration & Undertaking	Applicant Infor	nation	Middle Name	Middle Name
2 Applicant Information	Entity	select entity	* Last Name	Last Name
	* LTO Number	LTO Number	* Designation or	Designation or Profession
3 Contact Person	* Company Name	Company Name	Profession	
	* Address	Address	Government Issue	ed Identification Document
Product Details	Contract Inform	ation	* ID Type	Please Select
0	Contact morm	duon	* ID Number	ID Number
Uploading of Documents	* Email Address	Email Address of MAH	Expiry Date	Expiry Date
6 Self-Assessment Review	* Mobile Number	Mobile Number of MAH		Back
	Landline Number	Landline Number of MAH		DUCK

Home/ Applications / Notific	cation / Export / Drugs		Must be the cor	npany pharmacist or personnel in charge of regulatory affairs
xport Notifica	ation		Details of the a	Contact Person
	Applicant Inform	nation	* First Name	First Name
Declaration & Undertaking	Applicant infor	Dieges Delegt	Middle Name	Middle Name
2 Applicant Information	Enuty	select entity	* Last Name	Last Name
	* LTO Number	LTO Number	* Designation or	Designation or Profession
3 Contact Person	* Company Name	Company Name	Profession	
			Government Issu	ed Identification Document
Product Details	* Address	Address	* ID Type	Please Select
	Contact Inform	ation	* ID Number	ID Number
5 Uploading of Documents	* Email Address	Email Address of MAH		
	* Mobile Number	Mobile Number of MAH	Expiry Date	Expiry Date
6 Self-Assessment Review				Back

6. Fill out all the required fields in the Product Details page.

A. Import Notification

Import Notifica	tion	
Declaration & Undertaking	Product Details	
	* Invoice Number	Invoice No.
2 Applicant Information	* Port of Entry	Port of Entry
3 Contact Person		
	Product #1	
4 Product Details	* Registration Number	Registration Number
5 Uploading of Documents	* Date of Expiry	Date of Expiry
6 Self-Assessment Review	* Product Type	Please Select 🗸
•	* Generic Name	Raw Materials Drug Product
	* Dosage Strength and Form	Dosage Strength and Form
	Brand Name	Brand Name
		leave blank if unbranded
	* Packaging	Packaging
	* Manufacturer	Manufacturer
	* Lot/Batch No.	Lot/Batch No.
	* Quantity	Quantity
		Let Add Product
		Back

Export Notifica	tion	
Declaration & Undertaking	Product Details	
	* Invoice Number	Invoice No.
2 Applicant Information	* Port of Entry	Port of Entry
3 Contact Person		
	Product #1	
4 Product Details	* Registration Number	Registration Number
5 Uploading of Documents	* Date of Expiry	Date of Expiry
6 Self-Assessment Review	* Product Type	Please Select 🗸
•	* Generic Name	Raw Materials Drug Product
	* Dosage Strength and Form	Dosage Strength and Form
	Brand Name	Brand Name
		leave blank if unbranded
	* Packaging	Packaging
	* Manufacturer	Manufacturer
	* Lot/Batch No.	Lot/Batch No.
	* Quantity	Quantity
		Add Product
		Back

7. Upload all the necessary documents for verification purposes. Click on Next.

A. Import Notification a. Finished Drug Product

eServices Portal			Home	Applications FAQs
Home/ Applications / Notificat	tion / Import / Drugs			
Import Notification	on			
Declaration & Undertaking	Uploading of Doc	cuments		
2 Applicant Information	Indicate or uploor local and internation	ad the following documents for verification of c nal standards:	omplianc	e to existing
3 Contact Person	Finished Drug Product:			
4 Product Details				
5 Uploading of Documents	Certificate of Analysis	Copy of Certificate of Analysis		File Upload
6 Self-Assessment Review	Proforma Invoice	Proforma Invoice		File Upload
•	Packing list	Packing list		File Upload
		merge tites into a single file Back		Next

b. Raw Materials

Home/ Applications / Notifica	tion / Import / Drugs		
Import Notificatio	on		
Declaration & Undertaking	Uploading of Doo	cuments	
2 Applicant Information	Indicate or uplo local and internation	ad the following documents for verification of cor onal standards:	mpliance to existing
3 Contact Person	Raw Materials:		
4 Product Details	Certificate of Analysis	Copy of Certificate of Analysis	🚦 File Upload
5 Uploading of Documents	Invoice	Invoice	🚦 File Upload
	Packing list	Packing list	🔓 File Upload
6 Self-Assessment Review		merge files into a single file	

B. Export Notification a. Finished Drug Product

eServices Portal			Home	Applications	FAQ
Home/ Applications / Notifica	tion / Export / Drugs				
Export Notificatio	on				
Declaration & Undertaking	Uploading of Doo	cuments			
2 Applicant Information	 Indicate or uploe local and internation 	ad the following documents for verification onal standards:	of complian	ce to existing	
3 Contact Person	Finished Drug Product:				
4 Product Details					
5 Uploading of Documents	Certificate of Analysis	Copy of Certificate of Analysis		🚦 File U	oload
6 Self-Assessment Review	Proforma Invoice	Proforma Invoice		🚦 File U	oload
	Packing list	Packing list		🔓 File U	oload
		merge files into a single file Back		Next	

b. Raw Materials

Home/ Applications / Notification / Export / Drugs			
Export Notificatio	on		
Declaration & Undertaking	Uploading of Doo	cuments	
2 Applicant Information	Indicate or uploo local and internation	ad the following documents for verification of com anal standards:	pliance to existing
3 Contact Person	Raw Materials:		
4 Product Details	Certificate of Analysis	Copy of Certificate of Analysis	🚦 File Upload
5 Uploading of Documents	Invoice	Invoice	🖥 File Upload
6 Self-Assessment Review	Packing list	Packing list merge files into a single file Back	File Upload

8. The Applicant shall review if all the details are correct in the Self-Assessment Review.

A. Import Notification

eServices Portal		Home Applications FAQs
Home/ Applications / Notifica	tion / Import / Drugs	
Import Notificatio	on	
Declaration & Undertaking	Self-Assessmen	t Review
2 Applicant Information	Applicant Infor	rmation
3 Contact Person	* Entity	▼ select entity
Product Details	* LTO Number	
5 Uploading of Documents	* Company Name * Address	
6 Self-Assessment Review	Contact Inform	nation
	* Mobile Number	Landline Number of MAH
	Must be the con Details of the C * First Name Middle Name	npany pharmacist or personnel in charge of regulatory affairs Contact Person

B. Import Notification

eServices Portal		Home Applications FAQs	
Home/ Applications / Notificat	tion / Export / Drugs		
Export Notificatio	'n		
Declaration & Undertaking	Self-Assessment	t Review	
2 Applicant Information	Applicant Infor	rmation	
3 Contact Person	* Entity	✓ select entity	
Product Details	* LTO Number * Company Name		
5 Uploading of Documents	* Address		
6 Self-Assessment Review	* Email Address		
	Landline Number	Landline Number of MAH	
	Must be the com	npany pharmacist or personnel in charge of regulatory affairs	
	Details of the C	Contact Person	
	* First Name Middle Name		
	* Last Name		

9. Once reviewed, the Applicant shall confirm the correctness of the data given and click on **Confirm** to submit the application.

V I'm not a robot
I hereby confirm that all information I have provided are true and correct to the best of my knowledge.
I understand that any errors that I have commited in this online form may be considered grounds for refusal or cancellation of my application.
I consent to the use of any personal information provided herein for Government to conduct the necessary records check and verification of facts in connection with my application.
Back