

COMMITTEE FOR HEALTH & SOCIAL CARE

APPLICATION FOR CANNABIS LICENCE TO IMPORT

under ss. 2(2)(b) and 29 of THE MISUSE OF DRUGS (BAILIWICK OF GUERNSEY) LAW 1974
and s. 4 of the MISUSE OF DRUGS (BAILIWICK OF GUERNSEY) ORDINANCE, 1997

**PLEASE READ THE INSTRUCTIONS ON THE REVERSE, COMPLETE ALL BOXES IN THE FORM
BELOW AND SEND TO cannabislicence@gov.gg**

There may be delay if this form is incomplete or unsigned.

PLEASE NOTE: **YOUR PRESCRIBER OR PRESCRIBER'S CLINIC MUST EMAIL** YOUR
PRESCRIPTION DIRECT TO cannabislicence@gov.gg and not to you (patient/importer)
It is the patient's responsibility to arrange this with the clinic

| | | |
|----|---|----------------------------|
| 1. | Name and address of <u>IMPORTER</u> (Patient) | |
| 2. | Country from which importation is required | |
| 3. | Name and address of <u>CONSIGNOR</u> (Supplier) | |
| 4. | Name and address of <u>MANUFACTURER</u> of the product(s) - <i>please ask the Consignor (Supplier) to give you this information</i> | |
| 5. | Approximate date this consignment is expected | |
| 6. | Purpose for which substance(S) required | |
| 7. | Name and address of your UK <u>DOCTOR/PRESCRIBER*</u> | |
| 8. | GMC number of above prescribing Doctor – <i>the doctor or their related clinic will be able to give you this number</i> | |
| 9. | Particulars of each item to be imported – below (see Instruction 2 on reverse) | |
| | No. and pack size | Description of item |
| | | Total of substance |
| | | |
| | | |

I hereby declare that to the best of my knowledge and belief all the particulars in this application are correctly stated and, in particular, that the substances will not be used for any purpose other than that stated in paragraph 6 above, if importation is authorised.

.....
SIGNED (IMPORTER/PATIENT)

.....
DATE :

(See Instruction No. 5 below)

INSTRUCTIONS FOR COMPLETING THIS FORM
NON-COMPLIANCE WITH THESE INSTRUCTIONS WILL INVOLVE DELAY

NOTE: An IMPORT LICENCE is authority solely for the importation of the particular consignment and must be surrendered at the time of importation to the States Revenue Officer.

1. APPLICATIONS will be entertained only if made by a licensee under the Misuse of Drugs (Bailiwick of Guernsey) Law 1974. They must always be made by the actual importer, and NOT by a forwarding agent (i.e. shipping agent or other such person) on his behalf.
2. An IMPORT LICENCE under the Misuse of Drugs (Bailiwick of Guernsey) Law 1974 is required for any substance for the time being specified in Schedule 1 to that Law but not for any preparation or other substance for the time being falling within Schedule 1 to the Misuse of Drugs (Bailiwick of Guernsey) Ordinance 1975. (Copies of the Law and Ordinance may be obtained from the Greffe, Guernsey).
3. A SEPARATE LICENCE is required in respect of each consignment.
4. ITEM 9, front page. The following should be carefully observed:
 - (a) Describe each item in full.
 - (b) RAW OPIUM – State the country of origin and the percentage morphine anhydrous content.
 - (c) COCA LEAVES – State country of origin.
 - (d) ALL OTHER SUBSTANCES - State whether alkaloid or base, salts or preparations containing the substances. If preparations, give the percentage of alkaloid or base, except in the case of declarations in terms of morphine which should state the morphine anhydrous content.
5. SIGNATURE OF FORM. The declaration above must be signed by the actual importer (patient) (see Instruction 1)

The attention of applicants is directed to section 17(4) of the Misuse of Drugs (Bailiwick of Guernsey) Law 1974, which makes it an offence, punishable by imprisonment or fine or both, for a person to knowingly or recklessly make a declaration or statement which is false in a material particular, for the purpose of obtaining the issue or renewal of any licence or authority under the Law or any Ordinance made under it.

THIS APPLICATION MUST BE EMAILED TO cannabislicence@gov.gg or call: 227311 for further information

**THE MEDICAL OFFICER OF HEALTH, HEALTH AND SOCIAL CARE DEPARTMENT,
LE VAUQUIEDOR OFFICE, RUE MIGNOT, ST ANDREWS, GUERNSEY, GY6 8TW**