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சுவசிரிபாய**

SUWASIRIPAYA

மேல் கூறிய) MSD/SAD/Wharf/P/2018
எனது இல)
My No.)

உமது இல)
Your No. :)

தேதி
திகதி
Date

සෞඛ්‍ය, පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය
சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

Circular No: MSD-WHF-Cir-001/2018

**All Provincial Directors of Health Services & Regional Directors of Health Services,
All Heads of Line Ministry Health Institutions
All Heads of Provincial / Regional Health Institutions
All Donor individuals and Donor Organizations (NGO / INGO)**

Requirements / Conditions (before dispatching the consignments of donations) for smooth and expeditious Customs clearance & acceptance of the consignment of foreign Donations.

In order to minimize the delays, demurrages and other extra expenses, in the custom clearance, it is necessary to regularize the existing wharf-clearance practices of MSD. Therefore please take appropriate action to fulfill the under mentioned requirements in the sequence indicated, that is necessary to satisfy Sri Lankan Custom & Import Control Authorities for seamless custom clearance of foreign donations of medical items.

i) Submitting the copy of the invoice (Pro-Forma / custom purpose) (including item description/ details/ conditions/ usage etc.) with Form No: 04

The pro-forma or Custom purpose invoice (bearing a donation statement) relevant to the shipment with the value (for customs purpose invoiced quantities) and details of the equipment such as descriptions, images, catalogue etc. for obtaining NOL from National Medicines Regulatory Authority (NMRA), has to be provided with the duly completed request for custom clearance and delivery, in **Form No: 04** – (Annexure 01)

MSD Action: Clearance file initiation

ii) Request for the approval of Secretary of Health, by using Form No: 05, and if the Items are not brand-new (used) Form No: 06 also to be submitted.

Donor should provide the donation certificate originated by himself, address to Secretary / Ministry of Health, Nutrition & Indigenous Medicine, declaring the consignment as an outright donation free of any charges, to the Ministry of Health / Sri Lanka for use in government medical institutions (If any expenditure is to be borne by the Ministry of Health (MOH) up to the customs clearance of goods in Sri Lanka. i.e. freight charges, Liner charges, Handling charges etc. shall be indicated in the donation certificate).

Donor shall obtain the consent for supplying the consignment from the recipient (or "Notifying party") and should identify "Director – Medical Supplies Division" as the consignee in the Bill of Lading & the Invoice of the shipment and the recipient / "Notifying party" shall complete section 01 to 10 of from No – 05 as appropriate, and submit to MSD. (Annexure 02)

If the donated equipment are not brand-new (Used items) and shipped subject to payment of freight charges by Ministry of Health (MOH), donor should complete the **section 01 to 09 and A to E of section 10** in the VFM form No 06 (Value for Money assessment form), and to be certified by the donor in **section 11** in the same. (Annexure 03)

MSD Action: Obtaining Secretary Health (S/H) Approval for the expenditure related to customs clearance on the Duty & taxes, transport, service charges and shipment freight charges if applicable, with GOSL funds.

i) **Submission of documents required to obtain necessary authorizations as follows(if required):**

iii (1). Document to be submitted; if the recipient (end user) Health institution / "Notifying party" of such institution is indicated / known

Depending on the nature of the item & relevance to import regulation following documents may have to be submitted.

- a. No Objection Letter (NOL) from NMRA – (For all medical items)
- b. Import & Export Control License (ICL) – (For ICL required Items)
- c. Atomic Energy License (AEL) – (For all items with radiation source)
- d. Certificates of No Foreign Exchange - NFE to D.G. Customs & Controller General of Import & Export – (For all Donations)

NB; Consignment receiving institution shall obtain & submit above documents (as relevant) to MSD.

iii (2). Documents to be submitted; if the recipient Health institution / "Notifying party" of such institutions are not indicated / known (for consignments to be received by MSD and distributed as instructed by MOH)

- a. Custom purposed Invoice with MSD as consignee
- b. Certificate of Origin
- c. Certificate of Analysis and product registration at NMRA – (For pharmaceuticals)
- d. Fumigation Certificate require for used items that should undergo quarantine processing
- e. Catalogues, manuals or detail descriptions of the machines used for medical purpose.
- f. Certificate on the usability condition / usage or maintenance certification from Local Agent or Recommendation of Director Bio Medical Engineering (MOH); for the machinery and equipment.

MSD Action: Obtain necessary import licenses (ICL) from Import & Export Control (for ICL required items), NOL certification from NMRA as applicable and shall obtain two NFE certifications addressed to D.G. Customs & Controller General of Import & Export.

Institutional responsibility: Obtain NFE for consignment direct delivery to recipient

NB. If there are multiple recipient institutions (Consignment received and distributed by MSD), MSD has to Obtain NFE as well.

ii) **Submission of documents (earliest from the time of shipping) needed for Customs Clearance to initiate the customs clearance**

- a. Original Bill of Lading (B/L) or Air Way Bill (AWB) / (If not surrendered)
- b. Arrival Notice
- c. Commercial or Custom purpose Invoice-and Packing List
- d. Documents listed in sec iii (2) as relevant.
- e. Shipper's invoice for freight charges necessary for Duty+Tax calculation (for freight paid shipment.)

MSD Action: Initiate the customs clearance by submitting "cusdec" to dept. of customs and debiting the import license as applicable.

iii) **For the Containerized cargo, "Damage free container" certification to be submitted;**

- a. A document issued by the shipper / shipping yard, where shipper verify the liner certificate, indicating free of any physical damages to the container up to shipping the container.
- iv) Any other documentary requirements (certificates, authorizations or No Objection Letters) depending on the nature of the Items (eg. with radiation source, Import restricted Items[eg:- Items Controlled by Excise Dept; Letter of Authority for license Items / NOL for non-license Items], Items controlled on; quality/Local standards [SLS Certificate] / any other regulations) to be satisfied & provided to MSD, before shipping the goods.

While drawing the attention to above mentioned documentary requirements, in arranging and dispatching the donations destined to Ministry of Health, Medical Supplies Division or any other institution coming under the Ministry, all efforts to secure donation of medical equipment's for use in the free health care service of the government hospitals will be greatly appreciated. Additional information in respect can be obtained from Assistant Director (Wharf) / MSD or Senior Assistant Director (MSD) Tel. 0112694113-4 .


Secretary
Ministry of Health, Nutrition & Indigenous Medicine

Wimalawansa Thero Mawatha
Secretary
Ministry of Health, Nutrition & Indigenous Medicine
"Sunnasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

cc. 1. Assistant Director ICT – To Publish in the MSD Web - (www.msd.gov.lk)

FORM: 04

Your No. :

My No. :

Institution :

Address :
.....

Date :

Director
Medical Supplies Division,
Colombo 10 .

SUB. : REQUEST FOR CUSTOMS CLEARANCE OF THE CONSIGNMENT- (BL. No./ AWB No. : _____)

ATA (ACTUAL TIME OF ARRIVAL): _____ ITEMS(In General) _____

As per the MOU/ Agreement/ other arrangements, with the Sponsor / Donor organization, I certify that the responsibility of Customs Clearance & Transportation of this consignment lies with Consignee/ Receiver of the goods.

I would like to forward herewith the documents required (or requested in your letter No.....) for Customs Clearance of the consignment under reference.

i. a.) The consignment is a;

Donation TO MSD/MOH/ Hospital ☐ Project Cargo ☐ Purchased ☐ Other ☐ (Please specify)

ii. a.1) If it is project cargo ; i. Project Name: _____

ii. Request Clearance & Delivery pending cost reimbursement from the project allocation; Yes / No

To be completed by the Govt. Health institutions that receive the consignments:

iii. b.1 Please Customs clear & hand-over the above consignment to _____ (institution name).

b.2 Officer authorized to receive the goods at the institution: _____

b.3 Designation: _____ b.4 Tele No: _____ b.5 Email: _____

Conditions applicable to Govt. Health institutions receiving the Custom cleared consignments:

iv. As Head of the institution, I agree to bear any additional clearance charges (Demurrages/ Container detentions or damages/ Warehouse Charges) accrued, at the time of handing over of all documents necessary for the clearance, to MSD and such additional charges will be settled; prior to clearance/ reimbursed after the clearance.

v. In This respect under mentioned officer or donor or donors' Rep./Notifying Party, is nominated to co-ordinate between the donor, actual recipient and MSD Staff on the customs clearance;

c.1 Name: _____ c.2 Designation/Title: _____

c.3 Contact No.(Mobile): _____ Tele/Fax No: _____ Email: _____

Remarks:

Head of the Institution (with Official-Stamp)
OR Donor's Local Rep./Notifying Party

**APPLICATION FOR APPROVAL OF SECRETARY HEALTH FOR CUSTOMS CLEARING OF DONATIONS
RECEIVED BY MEDICAL SUPPLIES DIVISION. (FORM NO. 05)**

1. NAME OF THE LOCAL PARTY (INSTITUTE /NGO/INGO)			
2. FILE/PROJECT REFERENCE			
3. DONOR PARTY (FOREIGN)			
4. CONSIGNEE IN SHIPPING DOCUMENTS			
5. Goods RECEIVING PARTY /END USER			
6. GOODS TYPE (USED/FUMIGATED OR STERILIZED/NEW)			
7. AWB/BL NO		Freight Invoice	
8. ETA/ATA (EXPECTED/ACTUAL DATE OF ARRIVAL)			
9. PERIOD OF DEMURRAGE AS AT THE DATE * FOR THE PORT		THE LINER	

9. DESCRIPTION OF CARGO			
Consignment Invoice No			
ITEM/S	QUANTITY	FOB VALUE (FOREIGN CURRENCY)	TOTAL MARKET/ UTILITY VALUE (RS.)

10. CONSIDERING THE CURRENT MARKET VALUE , UTILITY VALUE AND SRI LANKAN MEDICAL INSTITUTIONAL REQUIREMENT OF THE GOODS,
I CERTIFY THAT THE CUSTOMS CLEARING OF THIS CONSIGNMENT IS COST EFFECTIVE.
I CERTIFY THAT ANY DEMURRAGE INCURED DUE TO INSUFFICIENT CUSTOM CLEARANCE DOCUMENTATIONS SUBMITTED TO MSD, WILL BE BORNE BY THIS INSTITUTION/ FOREIGN DONOR.

HEAD OF THE INSTITUTE OR DONOR'S REP: IN SRI LANKA/NOTIFYER

11. APPROXIMATE COST OF WHARF CLEARANCE TO BE FILLED BY MSD

CUSTOMS CHARGES	RS.	PREPARED BY W.F.O
CLEARING AGENT SERVICE CHARGE	RS.	
SHIPPING LINE CHARGES	RS.	
FREIGHT CHARGES (IF ANY)	RS.	
DEMURRAGE (* 1)	RS.	
APPROX. TOTAL COST	RS.	D/MSD

12. RECOMMENDED/APPROVED	13. RECOMMENDED/APPROVED
DDG ()	DGHS

14. APPROVAL IS GRANTED FOR CUSTOMS CLEARANCE AS PER THE ABOVE RECOMMENDED COST ESTIMATION (WITH 20% COST VARIATIONS ALLOWED IN UNAVOIDABLE CIRCUMSTANCES) BY MSD WITHIN ABOVE ESTIMATED APPROXIMATE COST OF CLEARANCE.

SECRETARY / MINISTRY OF HEALTH, NUTRITION & INDIGENOUS MEDICINE

NB. * 1. Demurrages will start after 03 working days of Landing of goods. Hence all necessary Clearance Documents should be forwarded before dispatch of goods. (Except Bill of Lading & Air Waybill)

VALUE FOR MONEY OF THE DONATED CONSIGNMENT OF MEDICAL EQUIPMENT

01.	Donor party					
02.	Consignee					
03.	Bill of Lading (B/L) / Airway Bill No.					
04.	Invoice No.					
05.	Container No.					
06.	Shipping line / Forwarding Agent;					
07.	Shipment Freight Charges (Actual/Expected)					
08.	Cargo Loading	Port		Date		
09.	Cargo Discharging	Port		Date		
10.	Details of the donation (Sri Lanka Rupees per 1 unit of Foreign currency S/L/V/€ or as at:)					

To be filled by the donor party							By MSD	
<u>A</u>		<u>B</u>		<u>C</u>	<u>D</u>	<u>E</u>		
No	Item	Country of Origin or Manufacture	Quantity	Usage period	Invoice value for customs purpose	Commercial invoice value	Local unit cost	Total Local Market Value
i.								
ii.								
iii.								
iv.								
v.								
vi.								
vii.								
viii.								
ix.								
x.								
xi.								
xii.								
xiii.								
xiv.								
xv.								
xvi.								
xvii.								
Total value								

12.	Authentication by donor party / on behalf of the donor party with official stamp			
	Signature	Date	Name	Official stamp

13.	Total invoiced value (Commercial) in LKR	
14.	Total local market value in LKR	
15.	Total value depreciated (by %) considering for a period of Years Nb. i. Depreciation period – 10% as per a year of the local market value ii. if not declare the depreciation period, it will be 50 % of local market value	
16.	Depreciated market value in LKR	
17.	Estimated cost of clearing	
18.	Value advantage in LKR	

Certify the local unit cost and/or Total Local Market Value (by MSD wharf officer)			
Signature	Date	Name	Official stamp

D (MSD) / CA (MSD) / AD (Wharf)

Prepared VFM for the consignment of donated Hospital Beds / Medical Supplies is forwarded for your approval Pl.

Name of WFO/MSD:

Signature :

Recommended / not recommended for customs clearance.

.....
AD (Wharf)

Recommended / not recommended for customs clearance.

.....
CA (MSD)

Recommended / not recommended for customs clearance.

.....
D (MSD)