

Pharmaceutical Import Inspection Scheduling

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Recipient's Name]

[Recipient's Title]

[Recipient's Company Name]

[Recipient's Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you that we would like to schedule an inspection for the pharmaceutical import scheduled for [insert date of import]. This inspection is crucial to ensure compliance with regulatory standards and to facilitate the smooth clearance of the imported goods.

We propose the following dates and times for the inspection:

- [Proposed Date & Time Option 1]
- [Proposed Date & Time Option 2]
- [Proposed Date & Time Option 3]

Please confirm your preferred option at your earliest convenience, or suggest alternative dates if necessary. If you have any specific requirements or documentation needed for the inspection, do not hesitate to inform us.

Thank you for your cooperation, and we look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]