

# Pharmaceutical Import License Renewal

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To,

[Recipient's Name]

[Recipient's Position]

[Regulatory Authority Name]

[Authority Address]

[City, State, Zip Code]

Subject: Renewal of Pharmaceutical Import License

Dear [Recipient's Name],

I am writing to formally request the renewal of our Pharmaceutical Import License, which is set to expire on [Expiration Date]. Our company, [Your Company Name], has been committed to ensuring the importation of safe and effective pharmaceutical products in compliance with all applicable regulations.

As required, we have attached the necessary documentation, including:

- Completed renewal application form
- Proof of payment of renewal fees
- Updated company registration certificate
- Any additional documentation as per regulatory requirements

We appreciate your attention to this matter and look forward to your prompt response regarding our renewal application. Should you need further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending hard copy)]

[Your Printed Name]

[Your Position]

[Your Company Name]