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| AUTORISATION D’IMPORTATION DE MEDICAMENT : TABLEAU D’IMPUTATION  (Rempli par l’importateur)  Référence à l’autorisation d’importation (nom du produit et date de l’AI) :  ……………………………………………………………………………………………   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Opération**  **(N°)** | **Date**  **De l’opération** | **Quantité**  **importée**  **lors de l’opération** | Quantité  importée  **cumulée** | Visa de l'importateur | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |