ANGUILLA

REVISED REGULATIONS OF ANGUILLA

under

CADAVERS (IMPORTATION) ACT
R.S.A. c. C3

Showing the Law as at 15 December 2014

This Edition was prepared under the authority of the Revised Statutes and Regulations Act, R.S.A. c. R55 by the Attorney General as Law Revision Commissioner.

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CADAVERS (IMPORT PERMIT) REGULATIONS *Revises R.A. 13/2012, in force 13 February 2012*	R.R.A. C3-1 *(15/12/2014)*	3

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Revised Regulations of Anguilla: C3-1

CADAVERS (IMPORTATION) ACT, (R.S.A. c. C3)

CADAVER (IMPORT PERMIT) REGULATIONS

Note: These Regulations are enabled under section 9 of the Cadavers (Importation) Act, R.S.A. c. C3.

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Interpretation

1. In these Regulations—

"Act" means the Cadavers (Importation) Act;

"Cadaver Import Permit" means a permit issued under section 2 of the Act;

"Medical Officer" means Medical Officer appointed by the Minister with the responsibility for Health or any person authorised by him.

Application for a permit

2. An application for a Cadaver Import Permit shall be made to the Medical Officer in Form 1 set out in the Schedule.

Non-refundable fee

3. Every application shall be accompanied by a non- refundable fee of $550.

Time for submission

4. An application shall be submitted no less than 72 hours prior to the arrival of the cadaver in Anguilla.

Documentary evidence

5. Every application shall be supported by documentary evidence, emanating from the place of origin of the cadaver to be imported, of the matters specified in section 4(1)(a) to (d) of the Act.

Issue of Permit

6. The Medical Officer may accept an application and issue a permit in Form 2 set out in the Schedule.

Refusal or Rejection

7. The Medical Officer may refuse or reject any application not complying with section 5 of these Regulations.

Appeal

8. Any person aggrieved by the decision of the Medical Officer may appeal to the Minister whose decision shall be final and conclusive.

Citation

9. These Regulations may be cited as the Cadaver (Import Permit) Regulations, Revised Regulations of Anguilla C3-1.

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SCHEDULE

FORM 1

(Section 2)

APPLICATION FOR A PERMIT

1) Name of applicant:……...….

2) Address of applicant:…….

3) Company name:…….

4) Telephone number:……

5) Fax:……

6) Supporting information:

(a)**……**
……
…… *(law of the country which authorise the exportation of the cadaver)*

(b)**……**
……
…… *(cause of death of the deceased)*

(c)**……**
……
…….. *(any disease or malignancy existed in the cadaver at the time of death)*

(d)**……**
……
…… *(consent of executors, administrators, or relatives of the deceased, for the purpose for which the cadaver is to be used, where the obtaining of the consent is reasonably practicable)*

(e)**……**
……
…….. *(country of origin of the cadaver)*

(f)**……**
……
…… *(country from which the cadaver was physically consigned or dispatched)*

(g)**……**
……
…… (*type of container in which the cadaver is to be imported)*

(h)**……**
……
…… *(purpose for which the cadaver is imported, whether or not such importation is for medical research or instruction)*

(i)**……**
……
…… *(place where the cadaver is to be kept after importation)*

(j)**……**
……
…… *(manner in which the cadaver is to be kept after importation)*

(k)**……**
……
…… *(place where the cadaver is to be ultimately disposed of)*

(l)**……**
……
…… *(manner in which the cadaver is to be ultimately disposed of)*

DECLARATION: I am the applicant for this permit or I am authorised to act on their behalf. I undertake that if a permit is granted it will be used solely to import the cadaver which is the property of the applicant. I undertake to provide any information or documentation required by the Medical Officer in connection with this application or in connection with any transaction arising from the use of any permit granted in response to this application. I am aware that the Medical Officer may use information in this application for his administration of import policy and that the information may be passed for similar purposes to the Inland Revenue & Customs. I, the undersigned, certify that the information provided in this application is true and given in good faith and that I am resident in Anguilla.

Signature:……..

Name, in BLOCK LETTERS, of the person signing the declaration:…….....

Date (dd/mm/yyyy):…….

Status: (Director, Co. Secretary, Partner, Proprietor or Authorised Signatory)

FOR OFFICIAL USE ONLY:

FORM 2

(Section 6)

CADAVER IMPORT PERMIT

I, …….Medical Officer of Anguilla, being satisfied that the Cadaver meets the requirements of section 4(1)(a) to (d) of the Act hereby issue this Cadaver Import Permit to the applicant: Mr/Ms……. of ……., Anguilla, subject to the following conditions:

1)…… …… …….. *(type of container in which the cadaver is to be imported);*

2)…… …… …….. *(purpose for which the cadaver is imported, whether or not such importation is for medical research or instruction);*

3)…… …… …….. *(place where the cadaver is to be kept after importation);*

4)…… …… …… …… *(manner in which the cadaver is to be kept after importation);*

5)…… …… …….. *(place where the cadaver is to be ultimately disposed of);*

6)…… …… …….. *(manner in which the cadaver is to be ultimately disposed of).*

.....
Medical Officer

.....
Date

_____