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|  |  **FOOD AND DRUGS AUTHORITY**   | **DOC. TYPE: FORM** |
| **DOC NO.: FDA/DIS/FOR - 09** |
| **PAGE 1 OF 6** | **REV NO.: 00** |
| **EFFECTIVE DATE** |
| **TITLE: APPLICATION FORM FOR REGISTRATION AS AN IMPORTER** |

**APPLICATION FORM FOR REGISRATION AS AN IMPORTER OF** **FINISHED PHARMACEUTICAL PRODUCTS, BIOLOGICAL**  **PRODUCTS, HERBAL MEDICINES, FOOD SUPPLEMENTS AND**  **PHARMACEUTICAL RAW MATERIALS.**

CHECKIST

 APPLICANT’S FDA

 CHECK LIST CHECK LIST

Covering letter

 Signed Declaration

 Fully Completed Application Form (Appendix I, II and II



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| **TITLE: APPLICATION FORM FOR REGISTRATION AS IMPORTER**    **APPLICATION FORM FOR REGISTRATION AS AN IMPORTER OF FINISHED**  **PHARMACEUTICAL PRODUCTS, BIOLOGICAL PRODUCTS, HERBAL MEDICINES, FOOD SUPPLEMENTS AND PHARMACEUTICAL RAW MATERIALS.**   (Please complete each section of this application form as a Word document. Please submit a printed version of the completed form along with a covering letter addressed to:   **THE CHIEF EXECUTIVE**  **FOOD AND DRUGS AUTHORITY**  **P. O. BOX CT 2783 CANTONMENTS - ACCRA GHANA.**    **A. APPLICANT DETAILS**   1. Name of Company:………………………………………………………………………………...

 1. Postal Address:…………………………………………………………………………………….

Tel ………………………………….. Fax…………………………E-mail……………………………  Location of Company: …………………………………………………………………………………….  ……………………………………………………………………………………………………………….  Date of Incorporation of Company: ……………………………………………………………………...  Registration number of Company: ……………………………………………………………………….  ……………………………………………………………………………………………………………….  **B. ITEMS TO BE IMPORTED (Tick as appropriate)**  1. Finished Pharmaceutical Products (human or veterinary)

 1. Biological Products (human or veterinary)

 1. Homeopathic medicines

 1. Herbal medicines

 1. Food Supplements

 1. Pharmaceutical raw materials

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| **TITLE: APPLICATION FORM FOR REGISTRATION AS IMPORTER**     Declaration   I……………………………………………………hereby declare that the information provided above is true and correct.   Signature & Stamp: ………………………………………… Date: ……………………………..  (Chief Executive Officer)    **NB**. Please attach a copy each of the following documents: 1. Certificate of registration from the Registrar-General’s department.
2. Current Pharmacy Council Business Operation License (If Items to be imported are Finished Pharmaceutical/Biological Products).
3. List of items to be imported.
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