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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

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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. |