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|  |  **FOOD AND DRUGS AUTHORITY**   | **DOC. TYPE: FORM** |
| **DOC NO.: FDA/DIS/FOR - 09** |
| **PAGE 1 OF 3** | **REV NO.: 00** |
| **EFFECTIVE DATE** |
| **TITLE: 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



(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: ……………………………………………………………………………...........
2. Postal Address: …………………………………………………………………………………….

Tel …………………………………. Fax…………………………Email……………………………

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

**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.