**APPLICANT’S**

**FDA’S**

**CHECKLIST**



**CHECKLIST**









Cover Letter







Signed Declaration









Business Registration

Certificate



# A. PARTICULARS OF APPLICANT

1. Name of Company: …………………………………………………………………….

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

 …………………………………………………………………………..

Tel. No.: …………………………………………. Fax………………………………. …..

Email………………......................................................................................................

1. Company’s Location Address: ................................................................................ ...................................................................................
2. Date of Incorporation of Company: ……………………………………………………
3. Registration number of Company: …………………………………………………….

**B. TYPE OF MEDICAL DEVICE(S) TO BE IMPORTED (Tick as appropriate)**

Class I

Class II

Class III

Class IV

All Classes

Others

(Specify)………………………………………………………………………………………

# DECLARATION

 I/We, the undersigned, hereby declare that all the information contained herein is correct and true.

Name: …………………………………………………………………………………………... Position: …………………………………………………………………………………………

Signature: …………………..............................Date: ……………………………………….

Official Stamp:

**NB.** Please attach a copy each of the following documents:

1. A cover letter addressed to:

 THE CHIEF EXECUTIVE

 FOOD AND DRUGS AUTHORITY

P. O. BOX CT 2783

CANTONMENTS–ACCRA

GHANA

1. Business Registration Certificate from the Registrar General’s Department

1. List of medical devices to be imported