|  |  |  |
| --- | --- | --- |
|   |  **FOOD AND DRUGS AUTHORITY**     | **DOC. TYPE: FORM**   |
| **DOC NO.: FDA/MDD/FOR-01**  |
| **Page 1 of 5**   | **REV. NO.: 02**  |
| **TITLE:**  **APPLICATION FORM FOR LICENSE AS AN IMPORTER OF MEDICAL DEVICES**   |

**APPLICATION FORM FOR**

**LICENSE AS AN IMPORTER OF**

**MEDICAL DEVICES**

# TITLE: APPLICATION FORM FOR LICENSE AS AN IMPORTER OF MEDICAL DEVICES

**APPLICANT’S**

**FDA’S**

**CHECKLIST**



**CHECKLIST**









Cover Letter







Signed Declaration









Business Registration

Certificate



**TITLE:**  **APPLICATION FORM FOR LICENSE AS AN IMPORTER OF MEDICAL DEVICES**

# 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)**

# TITLE: APPLICATION FORM FOR LICENSE AS AN IMPORTER OF MEDICAL DEVICES

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:

**FOOD AND DRUGS AUTHORITY**  **Page 5 of 5**  **REV. NO.: 02**

# TITLE: APPLICATION FORM FOR LICENSE AS AN IMPORTER OF MEDICAL DEVICES

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