



*Your Well-being, Our Priority*

# **FOOD AND DRUGS AUTHORITY**

## **APPLICATION FORM FOR LICENSING OF PREMISES FOR THE MANUFACTURE OF COSMETICS AND HOUSEHOLD CHEMICAL SUBSTANCES**

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**Version No.** : 01

**APPLICATION FORM FOR LICENSING OF PREMISES FOR THE MANUFACTURE  
OF COSMETICS AND HOUSEHOLD CHEMICAL SUBSTANCES**

APPLICANT'S CHECKLIST	FDA DOUBLE CHECKLIST	
<input type="checkbox"/>	Covering Letter	<input type="checkbox"/>
<input type="checkbox"/>	Fully completed Application Form	<input type="checkbox"/>
<input type="checkbox"/>	Signed Declaration	<input type="checkbox"/>
<input type="checkbox"/>	Certificate of Incorporation/Commencement of Business	<input type="checkbox"/>
<input type="checkbox"/>	Site Master File (Where applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Process Flow Diagram (Where applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Administrative Requirement (e.g Environmental Protection Agency (EPA) Permit ( <i>Where applicable</i> ))	<input type="checkbox"/>
<input type="checkbox"/>	Technical Management Agreement with any Organization ( <i>Where applicable</i> )	<input type="checkbox"/>
<input type="checkbox"/>	Factory Layout/Floor Plan (Where applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Personnel Medical Test Certificate ( <i>Where applicable</i> )	<input type="checkbox"/>

**APPLICATION FORM FOR LICENSING OF PREMISES FOR THE MANUFACTURE OF  
COSMETICS AND HOUSEHOLD CHEMICAL SUBSTANCES**

**TYPE OF APPLICATION:**

New Application

Renewal Application

**1.0 COVER LETTER**

Addressed to:

THE CHIEF EXECUTIVE OFFICER  
FOOD AND DRUGS AUTHORITY  
P. O. BOX CT 2783  
CANTONMENTS, ACCRA  
GHANA.

**NB:** *Where the manufacturing site is more than one, a separate application is required in respect of each premises except where a group of buildings on one or more sites are engaged in making the same kind of product under the same direct production and quality control management.  
For extra information refer to Guidelines for Licensing of Premises for the Manufacture of Cosmetics and Household Chemical Substances - FDA/MCH/MID/GL-MD- GMP 2019/02.*

**2.0 GENERAL INFORMATION OF THE COMPANY/FACILITY**

(a) Name of Manufacturer: .....

(b) Corporate Address of Manufacturer:

Postal Address: .....

Tel No: .....

Email: .....

Website: .....

Fax: .....

(c) Factory Location Address:

Street Address: .....

Nearest Landmark: .....

Digital Address:.....

Tel No: .....

Email: .....

Website: (if different from above).....

Fax: (if different from above).....

NB: Street Address refers to House No., Street Name & Town/City

(d) Additional Manufacturing\* site (if any)

Street Address: .....

Nearest Landmark: .....

Digital Address:.....

Tel No: .....

Email: .....

Website: (if different from above).....

Fax: (if different from above).....

NB: Street Address refers to House No., Street Name & Town/City

\* Manufacturing is defined as production of products or engaging in any part of the process of producing the product or bringing the products to their final stage. This includes processing, assembling, packaging, labeling, storage, sterilizing, testing or release for supply of the products or of any component or ingredient.

(e) Contact Person Name: .....

Tel No: .....

Email: .....

**3.0 CATEGORY OF PRODUCTS**

(a) Product category (*Tick the appropriate box(es)*)

Cosmetics

Household Chemical Substances

(b) State other products manufactured or to be manufactured at the same premises which do not fall within the categories listed in 3.0 (a), if any.

- .....
- .....
- .....

(c) Indicate the product sub-category in the cosmetic/household chemical substances industry manufactured or to be manufactured (*Tick the appropriate box(es)*)

- Skin care products     Color/Make-up cosmetics\*     Personal Care products  
 Hair care products     Fragrances     Home care products  
 Any other (please specify): .....

\* May also be described as Decorative cosmetics

(d) Indicate the cosmetic/household chemical substances product form manufactured or to be manufactured (*Tick the appropriate box(es)*)

**Liquid/Gas**

- Solutions/Oils     Lotions     Emulsions/Creams/Body Milk  
 Other Liquids     Aerosol/Spray

**Semi-Solid**

- Ointments     Gels/Paste     Suspensions     Body Scrub

**Solid**

- Loose Powders     Tablets     Sticks     Compressed Powders

**Any Other**

- (specify) .....

**4.0 KEY PERSONS (PRODUCTION/QUALITY CONTROL/QUALITY ASSURANCE)**

**(a) Person in charge of production**

<sup>(b)</sup> Full Name.....

Position in the company.....

<i>Relevant Qualifications</i>		
Name of Institution	Duration of Study	Certificates Awarded
<i>Relevant Experience</i>		
Name of Company	Duration	Position Held

**(c) Person(s) in charge of Quality Control/ Assurance**

Full Name.....

Position in the company.....

<i>Relevant Qualifications</i>		
Name of Institution	Duration of Study	Certificates Awarded
<i>Relevant Experience</i>		
Name of Company	Duration	Position Held

**5.0 NUMBER AND CATEGORY OF EMPLOYEES**

(a) Estimated number of employees required

Category	Initial Capacity	Full Capacity
Managerial		
Senior Skilled		
Junior Skilled		
Unskilled		

(b) Would any expatriate be employed?  Yes  No

If Yes,

(i). How many? .....

(ii). what are their nationalities? .....

.....  
 .....  
 .....

**6.0 SPECIFICATION OF THE PLANT**

(a) Scale of manufacturing

- Micro                       Small                       Medium                       Large

(b) Type of Equipment

Name or Type of Equipment	Number of Units	Capacity

*(Attach supplementary list where necessary)*

(c) What is the projected maximum annual capacity of the proposed plant?

.....

(d) Indicate number of shifts.....

(e) What are your anticipated sources of raw materials?

.....  
 .....  
 .....

**7.0 WATER SUPPLY, TREATMENT AND WASTE DISPOSAL**

(a) What is your source of water supply? .....

(b) Proposed water treatment method.....

(c) Proposed effluent treatment methods before discharge.....

.....

NB: You may attach a table indicating a list of raw materials and their corresponding suppliers.

**8.0 CONTRACT MANUFACTURE (WHERE APPLICABLE)**

Is the company engaged in contract manufacturing?

Yes     No

If Yes, complete the following and attach a copy of the Contract Agreement (but if No, state "Not Applicable")

(a) Product stages of manufacture, (excluding testing), which are to be contracted to another manufacturer.

Product/ Stage	Manufacturer	Address

(b) Testing contracted to the manufacturer

Nature of Test	Name of Testing Laboratory/Service	Address

(c) Products stages of manufacture, including testing, which are to be made or performed for another manufacturer.

Product/Stage	Manufacturer	Address

**9.0 ADDITIONAL INFORMATION**

(a) State proposed date of commencement of business.....

(b) Any additional information which applicant wishes to provide.....

.....



**10.0 DECLARATION**

I/We hereby confirm that the information provided in this application form are true and correct to the best of my/our knowledge.

**Name of Owner/Director** .....

Signature.....

Date.....

Stamp.....

**Name of Qualified/Person** .....

Qualification.....

Signature.....

Date.....

Stamp.....

**\* Witnessed by/Name** .....

Signature.....

Date.....

Stamp.....

(\* Senior Civil/ Public Servant, Minister of Religion)

**11.0 ATTACHMENTS**

The following are to be attached (tick if submitted):

- Copy of Certificate of Incorporation and Certificate of Commencement of Business from Registrar General's Department
- Certified Copy of Power of Attorney (where applicable, to be attached)
- Site Master File
- Environmental Protection Agency (EPA) Permit (where necessary)
- List of Equipment and their capacity
- Name and address of suppliers of equipment.
- Technical management agreement signed with any organization
- Building plan (Floor plan)
- Contract of Agreement (Where necessary)