**TITLE: APPLICATION FORM FOR LICENSING OF STORAGE FACILITY**

# APPLICATION FORM FOR LICENSING OF STORAGE FACILITIES OF IMPORTERS, EXPORTERS, WHOLESALERS AND DISTRIBUTORS

CHECKLIST

 Applicant’s Checklist FDA Double check

 ☐ Covering letter ☐

 ☐ Signed declaration ☐

 ☐ Fully completed application form (Appendix I-II) ☐

## TITLE: APPLICATION FORM FOR LICENSING OF STORAGE FACILITY

(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)** The FDA shall require the following minimum information from each importer, exporter, wholesaler and distributor of finished pharmaceutical products, biological products, herbal medicines, food supplements and Pharma. raw materials as part of the licensure process and as part of the renewal of this license:

1. **APPLICANT DETAILS**

|  |  |  |
| --- | --- | --- |
| **Surname**   | **Middle name**   |  **First Name**   |
|   |   |    |
| **Telephone:**   |   | **Mobile:**   |    |
| **Email:**   |    |   |

1. **COMPANY INFORMATION**

|  |  |
| --- | --- |
| **REGISTERED COMPANY**  **NAME**   |   |

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|  |  |
| --- | --- |
| **COMPANY ADDRESS**   |     |
| **LOCATION ADDRESS**  (this should include the house/block/plot number, street  |   |

|  |  |
| --- | --- |
| name, land marks, suburb, town, district and region)  **GPS ADDRESS:**   |   |
| **SIZE OF STORAGE**  **FACILITY/WAREHOUSE**   |  Length:………….. Width ……………. Height…………  (in meters (m))  |
| **CONTACT NUMBER(S):**   | Telephone: Mobile:  |
| **EMAIL:**   |   |

1. KEY PERSONNEL OF COMPANY

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME**   | **POSITION**   | **QUALIFICATION**   | **EXPERIENCE**   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

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**Declaration**

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

**Name:**

………………………………………………………………………………………………………

Position:………………………………………… Signature and stamp………………….……..

Date:……………………………………………..

(B) Should any intention/changes in the course of business, of changing any information provided in section (A) above, the FDA shall be notified.

**APPENDIX I**

**SITE INFORMATION** (tick as appropriate)

1. New site (Not Licensed by the FDA) ☐
2. Existing Site (Licensed by the FDA) ☐

**OWNERSHIP**

1. Owned by applicant ☐
2. Owned by third party ☐

PROVIDE SITE INFORMATION AS INDICATED BELOW

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|  |  |
| --- | --- |
| **NAME** (owner of site)  |   |
| **LOCATION ADDRESS**  (this should include the house/block/plot number, street name, land marks, suburb, town, district and region  |   |
| **POSTAL ADDRESS**   |     |

|  |
| --- |
| **CONTACT PERSONS DETAILS**   |
| **Name**   | **Designation**   | **Telephone Number**   |
|   |   |   |
|   |   |   |
|   |   |   |
| **NAME** (other Licensed site(s)  | **LOCATION ADDRESS**   |
|    |   |
|    |   |

**NB:** **FOR USAGE OF THE SITE OF A THIRD PARTY, THE FDA REQUIRES A COPY OF THE CONTRACT AGREEMENT BETWEEN BOTH PARTIES (CONTRACT GIVER & CONTRACT ACCEPTOR)**

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**APPENDIX II**

**SITE ACTIVITIES**

Category of Products/materials to be stored (*Tick where appropriate*)

|  |  |
| --- | --- |
| Solid dosage forms ( tablets/capsules)  |   |
| Liquide dosage forms (syrups, suspensions, solutions/emulsions)  |   |
| Parenteral (small and large volumes)  |   |
| Dry powders (including granules)  |   |
| Topical applications (creams, lotions, ointments)  |   |
| Herbal (including food supplements)  |   |
| Pharmaceutical raw materials  |   |

Others (Specify)

……………………………………………………………………………………………………

……………………………………………………………………………………………………

…………………………………………………………………………………………………….

**SPECIFIC SITE ACTIVITIES** (tick where appropriate)

Are controlled substances handled at this site? ☐

Do you supply stock which require refrigeration or low temperature storage? ☐

ANY OTHER ACTIVITY CARRIED OUT AT THE SITE (DESCRIBE)

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# FOR OFFICE USE ONLY

REVIEWED AND VERIFIED THE INFORMATION PROVIDED? YES☐ NO☐

Remarks:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

…………………………………………………………………………………………………….

**Officer: ………………………….. Signature:………………..………… Date:…………….**