



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER,
ELDERLY AND CHILDREN



TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

NOTIFICATION FORM FOR TOBACCO PRODUCTS

1.0 ADMINISTRATIVE INFORMATION	
1.1	Type of the product (tick as appropriate) Domestic product <input type="checkbox"/> Imported product <input type="checkbox"/>
1.2	Proprietary name of the product
1.3	Name and address (physical and postal) of Applicant (Company) Name: Address: Country: Telephone: Telefax: E-Mail:
1.4	Role of applicant Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Wholesaler <input type="checkbox"/> Importer <input type="checkbox"/> For wholesaler, importer or distributor, specify: Name of the supplier of the product: Physical address of the supplier: Email address of the supplier:
1.5	Type of product: Cigarettes <input type="checkbox"/> Processed tobacco leaves <input type="checkbox"/> Cigar <input type="checkbox"/> Handrolling tobacco e.cigarettes <input type="checkbox"/> Others <input type="checkbox"/> if other, Specify....
1.6	Method of use: Smoking <input type="checkbox"/> Chewing <input type="checkbox"/> Other <input type="checkbox"/> Specify.....
1.7	Packing/Pack size:
1.8	Visual description of the product
1.9	Storage conditions:
1.10	Country of manufacture:
1.11	Name(s) and physical address (es) of the manufacturing site. Company name: Physical address: Postal address: Country: Telephone: Telefax: E-Mail:
2.0 QUALITY INFORMATION	
2.1	Is the total nicotine content in combustible smoke known? If yes provide details.....
2.2	Is the total deliverable tar content known? If yes, provide details.....
2.3	Does the product contain flavor(s)? If yes: Provide the name of the flavor

2.4	Does the product contain other additive(s)? If yes: Provide the name of the additive(s)
2.5	Does the product contain other fillers(s)? If yes: Provide the name of the fillers (s)

3.0 DECLARATION BY AN APPLICANT

I, the undersigned declare and certify that all the information in this form and accompanying documentation is correct, complete and true to the best of my knowledge.

Name:

Position in the company:.....

Signature:

Date:.....

Official stamp:.....

Attachments:

Please attach/enclose:-

- (a) Cover letter
- (b) Artwork of the product labels
- (c) Any other details (if available)

This form is also available online at www.tmda.go.tz