

	APPLICATION FORM FOR REGISTRATION OF MEDICAL DEVICES AND IN VITRO DIAGNOSTICS PREMISES AND BUSINESS PERMIT	TMDA/DMC/MDC/F/018 Rev #:01
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(Made under Regulation 5(1) of the Tanzania Food, Drugs and Cosmetics (Registration of Premises, Importation and Exportation of Medicine Products and Raw materials) Regulations. 2015)

Director General,
Tanzania Medicines and Medical Devices Authority,
P.O. Box 1253,
Dodoma.

SECTION A: APPLICANT INFORMATION

I / We hereby apply for registration of my/our existing/ new premises and business permit in accordance with the Tanzania Medicines and Medical Devices Act, Cap 219

1. Name of applicant: _____
2. Postal address: _____ Tel No: _____
Fax: _____ Email: _____
3. In case of
 - (a) *Corporate body; name of Directors: _____
 - (b) *Partnership; name of Partners: _____
 - (c) Joint venture; name of Consortium: _____
4. Situated at/lying between Plot /Vessel/ Truck No _____
Street/Village/Ward _____ District/Municipality/City _____

5. Premises to be registered for the business of _____
6. The importation business will be under the Superintendent, Mr /Ms /Mrs./Dr. /Prof (Full name) _____ with the health profession of _____ and his/her registration number is *(if applicable)* _____ of _____(Year).
(Please attach a copy of registration certificate and contract agreement)

Approved by MMDC (Signature):

Effective date: 17/04/2020

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7. The proposed name of the premises is _____

SECTION B: DECLARATION BY APPLICANT

I/We _____ have not been convicted for any offense relating to any provision of the Tanzania Medicines and Medical Devices Act, Cap 219 and Regulations made thereunder or any other written law related to the business being applied for within 12 months immediately preceding this application neither disqualified nor suspended.
N.B. False declaration constitutes an offense.

Date

Signature of the Applicant

* Attach Certificate of Incorporation