



Made under Tanzania Food, Drugs and Cosmetics (Fees and Charges) Regulations, 2015

(The form should be filled in by the registrants/applicants. All information supplied in this form must be either typed or written in block capital letters)

Applicant Particulars

Name of applicant:.....
Address:
.....
E-mail:.....
Telephone Number:

Details of the change

Previous Local Agent	Proposed Local Agent
Name:	Name:.....
Address:.....	Address:.....
.....
E-mail:.....	E-mail:.....
Telephone Number:	Telephone Number:
	Name of contact person:.....
	Email address of contact person:

This form should be accompanied by:

NB: Please tick or mark X on Checklist

- | |
|--|
| <input type="checkbox"/> Letter of authorization from the principal company for the new Local Agent.
<input type="checkbox"/> A copy of signed contract.
<input type="checkbox"/> A copy of letter for termination of contract sent to the previous Local Agent.
<input type="checkbox"/> Proof of payment of the fees. |
|--|



**APPLICATION FOR CHANGE OF LOCAL AGENTS
(LOCAL TECHNICAL REPRESENTATIVES)**

*TMDA/DMC/MRE/F/004
Rev No: 01*

- [] List of registered medicines affected by the change (brand names and registration numbers) and/or TMDA application reference numbers.
- [] Original certificates of registration of the products affected by the change.

Applicant declaration

I,declare that the information contained within this application is true and correct.

Signed: Date:

FOR OFFICIAL USE ONLY

Receiving Officer:

Have the application fees been paid?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have all the attachments included in the application?	Yes	<input type="checkbox"/>		<input type="checkbox"/>

Comments:

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

.....
Name

.....
Signature

.....
Date