

**SECOND SCHEDULE**

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(Made under regulation 7 (5))  
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**TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY**



**APPLICATION FORM FOR TRADE FAIR PERMIT**

*(All information supplied in this form by the applicant must be either typed or be in block capital letters)*

**Applicant Particulars**

<p>Name of applicant:.....</p> <p>Address: .....</p> <p>.....</p> <p>Contact person: ..... E-mail:.....</p> <p>Telephone Number: ..... Fax Number: .....</p>
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**Sponsor Particulars (if different from the applicant)**

<p>Name of Sponsor:.....</p> <p>Address: .....</p> <p>.....</p> <p>Contact person: ..... E-mail:.....</p> <p>Telephone Number: ..... Facsimile Number: .....</p>
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*Tanzania Medicines and Medical Devices (control of Drugs and Herbal Drugs Promotions*

*Government notice no. 160(contd.)*

**Products Particulars**

S/N	Name of product	Registered?		Registration number	Type of materials
		Yes	No		

(Add as many rows as you can)

**Note: Type of materials includes:** Poster, Leaflet, Cinema, Billboard, Literature, Sample of products etc.

This promotional will take place at ..... (mention place) for a duration of .....

**This form shall be accompanied by:**

NB: Please tick or mark X on items below:

[ ] A copy of adverts (script, audio tape, CD, Video cassette.)  
 [ ] Application fee.

**Applicant Declaration**

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

**NB: Giving false or misleading information is an offence**

**FOR OFFICIAL USE ONLY**

Fees ..... Receipt No..... of .....

Permit granted/not granted because.....

Permit No.....of .....

Date ..... Director General .....