



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



**TMDA/DMC/MRE/F/004**  
**Rev No: 01**  
**Page 1 of 2**

**Made under Tanzania Medicines and Medical Devices (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**

<b>Previous Local Agent</b>	
Name	
Address	
E-mail	
Telephone Number	

<b>Proposed Local Agent</b>	
Name	
Address	
E-mail	
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.
<input type="checkbox"/>	List of registered medicines affected by the change (brand names and registration numbers) and/or TFDA application reference numbers.
<input type="checkbox"/>	Original certificates of registration of the products affected by the change.



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**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  No

Have all the attachments included in the application? Yes  No

Comments

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.....  
**Name**

.....  
**Signature**

.....  
**Date**