

### APPLICATION FORM FOR MARKETING AUTHORIZATION OF VETERINARY MEDICINAL PRODUCTS



Rev #: 02

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(Made under Regulation 5(1) (b) and 16(1))

### ANNEX I: APPLICATION FORM FOR MARKETING AUTHORIZATION OF VETERINARY MEDICINAL PRODUCTS

#### **General Instructions:**

Provide as much detailed, accurate and final information as possible. Note that all areas are to be filled out by the applicant EXCEPT were indicated by grey areas which are for TMDA Official Use Only!

Should you have any questions regarding this form, please contact the Tanzania Medicines and Medical Devices Authority (TMDA).

A properly filled out and signed original copy of the form (including a copy in MS Word should be uploaded in TMDA portal). The entire Common Technical Document should also be submitted with the application and forwarded to TMDA through portal after all particulars are filled in accordingly and the application is saved to generate tracking number (TRC number)

Effective date: 21/10/2022



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Application Number					
Number of files					
Anatomic Therapeutic Classification (ATC) Code					
Invented Product Name (if relevant)					
International Non-proprietary Name (INN) of the Active substance (active substance), strength, pharmaceutical form.					
Product strength					
Name and complete address of the Applicant (Market Authorization Holder)					
Name(s) and complete address (es) of the manufacturer(s) of the finished product(s), including the final product release if different from the manufacturer. (Add as many rows as necessary)					
Name and address (es) of the manufacturer(s) of the Active substance(s). (Add as many rows as necessary)					
Name and complete address of the Local Agent					
Packaging and pack size					
Number of samples					
Proposed shelf life (months)					
Proposed forensic category					
Registration status in other countries (e.g. SADC and EAC)					
Composition					
Ingredients	Unit (mg)		Specifica tions	Quantity per batch (kg)	Functions
Core tablet/Contents of capsule					



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Subtotal 1		
Film coating/Hard capsule		
Subtotal 2		
Grand total		

Name and signature of the applicant:
Date:
Official stamp