



**APPLICATION FORM FOR MEDICAL  
REPRESENTATIVE PERMIT  
(Made under section No.18(1) of the Act  
No.2/2006)**

**ZFDA/DMC/FOM/012  
Rev 01**

I (Name of Applicant).....  
Postal address.....  
Tel, No..... Fax..... Email.....

being engaged in the sale and supply of pharmaceuticals and poisons, hereby make application that our medical representative

Dr/Mr/Mrs/Ms (full name).....  
Be permitted to possess pharmaceuticals and poisons as scheduled below, for the purpose of giving free samples to persons who may lawfully possess such pharmaceuticals and poisons.

.....  
**SCHEDULE**  
.....

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.....

**N.B. False declaration constitutes an offence.**

.....  
**Date** **Signature of Applicant**

**FOR OFFICIAL USE ONLY**

Fees ..... Receipt No. ....of .....  
License granted/not granted because .....  
..... License No. ....

.....  
**Date** **Responsible Registration Officer Signature**

Approved by Management meeting No. ....of .....

.....  
**Date** **Signature for Executive Director and stamp**