



**APPLICATION FORM FOR EXPORT OF MEDICINE,
COSMETICS OR HERBAL MEDICINE
(Made under section 74 of the Act No.2/2006)**

ZFDA/DMC/FOM/020

Rev 01

Name of applicant.....

Postal address.....Tel.No.....

Physical address..... Street/Village.....

Plot No..... District.....

Invoice No..... Date.....

I/We Hereby apply for the permit to export.....of.....kg from
.....to.....by.....in accordance with the
Zanzibar Food, Drugs and Cosmetics Act, 2/2006.

Existing Registration No.....Dated.....Expired on.....

Name of consignee.....

Address:.....
.....

Fees Paid..... Receipt No..... Date of receipt.....

.....

Date

.....

Signature of Applicant

N.B. False declaration constitutes an offence

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

N.B: This form is for single consignment only. Please, attach all necessary documents