



APPLICATION FOR EXPORTATION OF MEDICAL DEVICES  
 Under Section No.74 of the Zanzibar Food, Drug and Cosmetic Act,  
 2/2006

**ZFDA/DMC/FOM/022**  
**Rev 00**

I/We ..... of  
 (Postal address) ..... undertaking the business of Wholesale/Medical Devices  
 manufacturing/ Other (Specify).....  
 Permit number ..... Issued on .....  
 Location of ..... Registration Number.....  
 Name of Person in charge of the business.....  
 Hereby apply for export permit of medical devices to:  
 Consignee.....  
 Physical address/ Location of business .....  
 Postal address ..... Country name .....

**Purpose of export permit, for:** (Tick whichever is applicable)

- Medical devices for human use;
- Medical devices for veterinary use;
- Clinical Trial of a specified product (only one product per application)
- Any other (Specify) .....

Attached herewith the Proforma invoice No. .... of (date).....

**Declaration:**

I certify that the information provided in the application form and proforma invoice are true and correct.

.....

**Date**

.....

**Signature of applicant and stamp**

**FOR OFFICIAL USE ONLY**

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

Permission is hereby granted/not granted to import items marked approved/not approved in the last column above.

.....

**Date**

.....

**Responsible Registration Officer Name & Signature**

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

.....

**Date**

.....

**Signature for Executive Director and stamp**

**N.B: This form is for single consignment only**