



**APPLICATION FORM FOR IMPORTATION OF
MEDICINE OR HERBAL MEDICINES**
(Made under section 74 of the ZFDC Act No.2/2006)

ZFDA/DMC/FOM/003
Rev 01

Name of Applicant.....
 Postal address.....Tel No.....
 Undertaking Drugs/Herbal Drugs/ medical devices/Poisons business of
 wholesale/Retail/manufacturing/others (specify).....
 Hereby apply for *Importation certificate for Importation of*..... *In Zanzibar*
 Location of business

WHAT DO YOU WANT TO IMPORT?

(Tick where is applicable)

- Finished herbal products
- Cosmetics
- Finished medicines for human use
- Finished medicines for veterinary use
- Clinical trials of specified products (only one product per application)

PURPOSE OF IMPORTATION

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DECLARATION

I certify that the information provided in the application form is true and correct.

.....
 Date Signature of applicant and stamp

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