



APPLICATION FORM FOR RENEWAL OF BUSINESS

ZFDA/DMC/FOM/004

PERMIT

Rev 01

(Made under section No.16(2) of the Act No.2/2006)

I / We (Name of Applicant).....

Full name(s) of Partner(s) and Directors(s).....

Hereby apply for **renewal of Permit to sell for (WHOLESALE/WHOLESALE &RETAIL/RETAIL)**

(Pharmacy, Over The Counter Medicines (OTC), Veterinary Medicines or cosmetics shop)

.....
for the year.....in accordance with the Zanzibar Food, Drugs and
Cosmetics Act, No2 of 2006 and regulations. **(In case of OTC as per attached list).**

Postal Address: **TEL NO:**.....

E-mail.....

My shop is located at:

Shehia.....District.....

NAME OF PHARMACY/OTC/VETERINARY/COSMETIC SHOP.....

The registered Pharmacist/Health personnel In charge for control of the distributions of **Poison I /Poison II** is : DR/MR/MS.....

Registration Number.....

Dispenser(s) of medicines at my Pharmacy/OTC/Veterinary shop is/are:

1.(Attach copy of Certificate)
2.(Attach copy of Certificate)

N.B. False declaration constitutes an offence

.....
Date Signature of applicant and stamp

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