



APPLICATION FORM FOR REGISTRATION OF PREPACKAGED FOOD

ZFDA/FSCD/AFM/009

Rev. # 3

(Under Section No. 26(2) of the Zanzibar Food, Drugs and Cosmetics Act, 2006)

Date: Application Number (for official use only)

New		Renew		Retention		(year)
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1. Particulars of product:

- 1.1 Brand Name:
- 1.2 Common Name:
- 1.3 Product form (Solid, Liquid, etc.,)
- 1.4 Intended use:
- 1.5 Target User:
- 1.6 Type of packaging material and seals:
- 1.7 Packaging unit:
- 1.8 Shelf life:
- 1.9 Shelf life (after first opening of container)
- 1.10 Shelf life (after reconstitution, where applicable)
- 1.11 Recommended storage conditions:

2. Particulars of Applicant

- Name:
- Physical Address:
- Postal Address:
- Telephone: Fax:
- Email:

3. Particulars of a resident responsible person (for foods to be imported only)

- Name:
- Physical Address:
- Postal address
- Phone: Fax:
- Email:

(Certified copy of Power of attorney or formal agreement or any other official Authorization of the Resident Responsible Person to be enclosed)

4. Manufacturer and qualified person for manufacture of the product

a. Manufacturer

- Name:
- Physical Address:
- Postal Address:
- Phone: Fax:



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Email:

b. Qualified person:

Name:

Qualification:

Address:

Phone: Fax:

Email:

(Please enclose copies of certified documents)

5. **Status of registration of the product in the country of origin, authorization/registration number and date (where applicable and for foods to be imported only).**
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6. **Nutritional information of the product.**
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7. **Ingredients used**

A. Typical food ingredients

SN.	Name	Proportion (% or Ratio)	Purpose

B. Food Additives

SN.	Chemical/scientific name	Level	Purpose

Note: With this application form, submit your product sample as it is described in Guidelines for registration of Pre-packaged food.



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8. Declarations by an applicant

1. I, the undersigned do hereby certify that all the information in this form and all the accompanying documentations is correct. I further confirm that the information referred to in my application file is available for verification.
2. I also agreed that I am obliged to comply with Zanzibar Food, Drugs and Cosmetics Act No. 2, 2006 requirements related to pre-packaged food.

Name:

Position in the Company:

Signature and official stamp: Date:

FOR OFFICIAL USE ONLY

Fees Receipt No. of

Licence granted/not granted because Licence No.

Approved by Technical Committee Meeting No. of

.....
Date Responsible Registration Officer Signature

.....
Date Signature of Executive Director and stamp