

ANNEX VI

.... /DMC/.... /SOP/....

TANZANIA FOOD AND DRUGS AUTHORITY



APPLICATION FOR EXPORTATION OF MEDICAL DEVICES

To: Director General
Tanzania Food and Drugs Authority
P.O Box 77150, Dar-es-salaam

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

Purpose of export permit, for:

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

(Tick whichever is applicable)

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 of application.....Signature of Applicant

Stamp.....

For official use only:

Received by:

Signature.....

Stamp.....