

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE



TANZANIA FOOD AND DRUGS AUTHORITY

APPLICATION FOR REGISTRATION OF PREMISES
Section 18 (2) of the Tanzania Food, Drugs and Cosmetics Act, 2003

Director General,
Tanzania Food and Drugs Authority,
P. O. Box 77150,
Dar es Salaam

SECTION A: APPLICANT INFORMATION

I / We hereby apply for registration of my/our existing/ new premises in accordance with the Tanzania Food, Drugs and Cosmetics Act, 2003

1. Name of applicant.....
2. Postal address.....Tel, No.....Fax.....email.....
3. Full name(s) of Partner(s) and Directors(s).....
.....
4. Situated at/lying between Plot /Vessel/ Truck No,
.....Street/Village/Ward.....District/Municipality/City
5. Premises to be registered for the business of
6. The business will be under the supervision of a registered superintendent Mr /Ms /Mrs. /Dr. /
Prof (Full name).....
..... whose qualification is.....
and his/her registration number isof(Year). (Please attach a copy of registration
certificate and acceptance / commitment letter from the proposed superintendent)
7. The proposed name of the premises is
8. My/ Our financial resources committed for this business amount to.....
and my/ our annual projected turnover is Tshs.....

9. If my/our premises is registered and licensed I/We shall keep it in hygienic condition and good state of repair as required under the above mentioned Act and Regulations made there under.

10. I/we have not been convicted at any offence relating to any provision of the Tanzania Food, Drugs and Cosmetics Act, 2003 and Regulations made thereunder or any other written law related to the business being applied for within 12 months immediately preceding this application and have not been disqualified from holding a license/certificate and my license is/is not suspended.

N.B. False declaration constitutes an offence.

Date.....

Signed.....

Applicant

SECTION B: DISTRICT/MUNICIPAL/REGIONAL/TFDA INSPECTOR REMARKS
(Delete which inapplicable)

(In case there is no District Inspector this part should be filled by Regional Inspector)

I (name) Mr. /Mrs./Ms./Dr./Prof.....District/Municipal/Regional/TFDA Inspector of Postal address.....Hereby certify that, I have inspected the above mentioned premises in Section A as per attached inspection checklist and found that it **complies/does not comply** with standards prescribed for registration of premises.

Please give reason(s) if it does not comply

.....
.....
.....

Name of Inspectors(s)	Signatures & stamp	Date
1.
2.....

FOR OFFICIAL USE ONLY

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

Registration granted/not granted because.....

Registration No.....Approved by Management meeting No.....

Of.....

.....
Date

.....
Signature of Director General and stamp.