



**APPLICATION FORM FOR AUTHORIZED PERSONS IN THE
PHARMACEUTICAL AND CHEMICAL INDUSTRY**

CHECKLIST

Applicant's check list		FDA double check
<input type="checkbox"/>	COVERING LETTER	<input type="checkbox"/>
<input type="checkbox"/>	SIGNED DECLARATION	<input type="checkbox"/>
<input type="checkbox"/>	FULLY COMPLETED APPLICATION IN DUPLICATE	<input type="checkbox"/>
<input type="checkbox"/>	PHOTO COPY OF ALL CERTIFICATES RELEVANT TO PHARMACEUTICAL OR CHEMICAL INDUSTRY	<input type="checkbox"/>

* In completing this form, please refer to FDA Guideline **FDA/DRI/DED/GL-SAP/2013/02**

**APPLICATION FORM FOR AUTHORIZED PERSONS IN THE
PHARMACEUTICAL AND CHEMICAL INDUSTRY**

(To be submitted in duplicate)

Addressed to: **THE CHIEF EXECUTIVE
FOOD AND DRUGS BOARD
P.O.BOX CT 2783
CANTONMENTS-ACCRA
GHANA.**

A. PARTICULARS OF APPLICANT

1.Name of Applicant:

2.Postal Address:.....

.....

Tel:..... Fax:

E-mail:

3.Residential Address:.....

B. EDUCATIONAL QUALIFICATION

NAME OF INSTITUTION	DURATION OF STUDY	CERTIFICATES AWARDED

C.TRAINING PROGRAMS RELATED TO THE PHARMACEUTICAL AND CHEMICAL INDUSTRY.

NAME OF PROGRAM	DURATION OF PROGRAM	CERTIFICATES AWARDED

D.EMPLOYMENT HISTORY RELATED TO THE PHARMACEUTICAL AND CHEMICAL INDUSTRY

NAME OF COMPANY	DURATION	POSITION HELD

Declaration

I/We, the undersigned, hereby declare that all information contained herein is correct and true.

Name of Authorized Person:.....

Position:.....

Signature:.....

Date:.....

Official Stamp:

WITNESS

The witness must be senior personnel in Quality Control or Production in the pharmaceutical or chemical industry for a minimum of 7 years.

Name of Witness:.....

Position:.....

Number of years applicant known to me.....

Signature:.....

Date:.....

Official Stamp: