



FOOD AND DRUGS AUTHORITY

APPLICATION FOR LICENSE AS AN IMPORTER OF MEDICAL DEVICES

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**APPLICANTS'S
CHECKLIST**

**FDA DOUBLE
CHECKLIST**

Signed Declaration

Covering Letter

Current Pharmacy Council License

Registrar General's Certificate of Registration

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APPLICATION FOR LICENSE AS AN IMPORTER OF MEDICAL DEVICES

A. PARTICULARS OF APPLICANT

- 1. Name of Company:.....
- 2. Postal Address:
.....
Tel. Nos..... Fax..... E-mail.....
- 3a. Name of Registered Pharmacist/Reg. No.....
(If pharmaceutical company)
- 3b. Signature of Superintendent Pharmacist:.....
- 4a. Company's Location Address:
.....
- 4b. Date of Incorporation of Company:.....
- 4c. Registration number of Company:.....

B. MEDICAL DEVICES TO BE IMPORTED (Tick as appropriate)

- Class I
- Class II
- Class III
- Class IV
- All Classes

Others (Specify)

C. DECLARATION

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

Name:.....

Position:.....

Signature:..... Date:.....

Official Stamp:

NB. Please attach a copy each of the following documents:

- i. Certificate of registration from the Registrar-General's Department
- ii. Current Pharmacy Council License (if a registered Pharmacy)