



# **FOOD AND DRUGS AUTHORITY**

## **APPLICATION FORM FOR THE REGISTRATION OF DIAPERS (BABY & ADULT), SANITARY PADS AND MOP-UP TOWELS**

**APPLICANTS'S  
CHECKLIST**

**FDA DOUBLE  
CHECKLIST**

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<input type="checkbox"/>	Signed Declaration	<input type="checkbox"/>
<input type="checkbox"/>	Covering Letter	<input type="checkbox"/>
<input type="checkbox"/>	Certificate of Analysis of Finished Product	<input type="checkbox"/>
<input type="checkbox"/>	Manufacturing License	<input type="checkbox"/>
<input type="checkbox"/>	Free Sale Certificate	<input type="checkbox"/>
<input type="checkbox"/>	Contract Agreement	<input type="checkbox"/>

**FOOD AND DRUGS AUTHORITY**

**APPLICATION FOR THE REGISTRATION OF A MEDICAL DEVICE**

*( TO BE SUBMITTED IN ONE HARD COPY, ONE SOFT COPY)*

**A. COVER LETTER**

Addressed to: THE CHIEF EXECUTIVE OFFICER  
FOOD AND DRUGS AUTHORITY  
P. O. BOX CT 2783  
CANTONMENTS, ACCRA, GHANA.

**B. DETAILS OF APPLICANT**

Name:.....  
Postal Address:.....  
.....  
.....  
Fax: .....  
Tel. Nos. : .....  
E-mail: .....  
Website: .....

**C. DETAILS OF MANUFACTURER**

Name:.....  
Postal Address:.....  
.....  
.....  
Location Address:.....  
.....  
.....  
Fax:.....  
Tel. Nos.: .....  
E-mail:.....  
Website: .....  
Contact Person:.....  
Tel. Nos.: .....

**D. DETAILS OF LOCAL AGENT**

Name:.....

Business Address:.....

.....

.....

Fax:.....

Tel. Nos. : .....

E-mail: .....

Website: .....

Contact Person: .....

Tel. Nos. : .....

Certified Copy of Power of Attorney (where applicable, to be attached)

**E. DECLARATION**

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

Name:.....

Position:.....

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

Official Stamp:

**F. DETAILS OF THE MEDICAL DEVICE**

- i. Generic name:.....
- ii. Brand name:.....
- iii. Size(s).....colour(s).....
- iii. Country of origin:.....
- iv. Commercial presentation:.....
- v. Intended use of the device.....
- .....
- vi. Estimated shelf-life of the MedicalDevice.....

a. Has the registration of the device been rejected, refused, deferred or cancelled in any country?

YES  NO

If YES, details.

.....  
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b. Is the device manufactured in countries other than the country of origin?

YES  NO

If YES, state details and list manufacturing plants from which imports can be made.

.....  
.....

Attach 4 (four) copies of labels\*, package inserts and packaging materials proposed for marketing the product in Ghana.

\* The text of labels and written material should conform to the existing labeling regulations (LI 1541).