



Your Well-being, Our Priority

FOOD AND DRUGS AUTHORITY

APPLICATION FORM FOR LICENSING OF PREMISES FOR THE STORAGE AND DISTRIBUTION OF COSMETICS AND HOUSEHOLD CHEMICAL SUBSTANCES

Document No. : FDA/MCH/MID/APS-LCH/2019/04
Date of Issue : 1st September 2020.
Version No. : 01

**APPLICATION FORM FOR LICENSING OF PREMISES FOR THE STORAGE
AND DISTRIBUTION OF COSMETICS AND HOUSEHOLD CHEMICAL
SUBSTANCES**

APPLICANT'S CHECKLIST	FDA DOUBLE CHECKLIST
<input type="checkbox"/> Covering Letter	<input type="checkbox"/>
<input type="checkbox"/> Fully completed Application Form	<input type="checkbox"/>
<input type="checkbox"/> Signed Declaration	<input type="checkbox"/>
<input type="checkbox"/> Certificate of Incorporation/Commencement of Business	<input type="checkbox"/>
<input type="checkbox"/> Factory Layout/Floor Plan (<i>Where applicable</i>)	<input type="checkbox"/>
<input type="checkbox"/> <i>Personnel Medical Test Certificate (Where applicable)</i>	<input type="checkbox"/>

APPLICATION FORM FOR LICENSING OF PREMISES FOR THE STORAGE AND DISTRIBUTION OF COSMETICS AND HOUSEHOLD CHEMICAL SUBSTANCES

TYPE OF APPLICATION:

New Application

Renewal Application

1.0 COVER LETTER

Addressed to:

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

NB: For extra information refer to Guidelines for the Registration and Licensing of Premises for the Storage and Distribution of Cosmetics and Household Chemical Substances – FDA/MCH/MID/GL-MD-GDP 2019/04

2.0 DETAILS OF APPLICANT (COMPANY)

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

3.0 DETAILS OF LOCATION ADDRESS OF THE STORAGE FACILITY

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

4.0 TYPE OF STORAGE FACILITY

Indicate the type of storage facility/warehouse (*Tick as appropriate*)

Custom-bonded warehouse/storage facility

Non-Custom-bonded (ordinary) warehouse/storage facility

5.0 OWNERSHIP OF THE STORAGE FACILITY

(a) Indicate the ownership of the storage facility (Tick as appropriate)

Owned by the Applicant

Owned by a Third Party

Joint Ownership with a third party

(b) If storage facility is owned by a third party/joint ownership with a third party, provide the following details on the third party

Name:

Business Address:

Fax:

Tel. Nos.:

E-mail:

Website:

Contact Person:

Contact Person Tel. Nos.:

6.0 CATEGORY OF PRODUCTS STORED

(a) Product category (*Tick the appropriate box(es)*)

Cosmetics

Household Chemical substances

(b) State other products stored or to be stored at the same premises which do not fall within the categories listed in ((a) i.e. Cosmetics and Household Chemical Substances), if any.

-
-
-

(c) Indicate the cosmetic/household chemical product sub-category in the cosmetic/household chemical substances industry to be stored and distributed (*Tick the appropriate box(es)*)

- Skin care products Color cosmetics Personal Care products
 Hair care products Fragrances Home care products
 Any other (please specify):

(d) Indicate the cosmetic/household chemical substances product form stored or to be stored and distributed (*Tick the appropriate box(es)*)

Liquid/Gas

- Solutions Lotions Creams/Emulsions Aerosol/Spray
 Other Liquids

Semi-Solid

- Ointments Gels Suspensions Body Milk

Solid

- Loose Powders Tablets Sticks Compressed Powders

Any Other

- (specify)

7.0 TYPE OF BUSINESS

(a) Which of the following types of businesses do you operate? (*Tick as appropriate*)

- Importer Retailer
 Exporter User facility
 Wholesaler/Main Distributor
 Any other (Please specify)

(b) If an importer, state the name and country of origin of the manufacturing companies from where your products are imported

	Manufacturer/Open Market Source	Country
1		
2		
3		
4		
5		

Attach if more

8.0 SOME SPECIFIC INFORMATION

(Tick where appropriate)

	Yes	No
Are controlled/dangerous/hazardous/ products stored at this site?	<input type="checkbox"/>	<input type="checkbox"/>
Do the products stored require any special storage conditions?	<input type="checkbox"/>	<input type="checkbox"/>

9.0 DECLARATION

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

Name:

Position:

Signature:

Date:

Official Stamp:

NB: Should there be any intentions/changes in the course of business to change any information provided, the FDA shall be notified.