



FOOD AND DRUGS AUTHORITY

DOC. TYPE: FORM

DOC NO.: FDA/FIN/FOR-01

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Ver. No.: 01

Effective Date: 01/10/2019

TITLE: DIRECT BANK TRANSFER FORM

Contact Details

Name of Company / Institution	
Address	
Telephone Number	
E-mail Address	

Designation

Type

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Market Authorization Holder / Applicant
<input type="checkbox"/> Local Agent	<input type="checkbox"/> Institution
<input type="checkbox"/> Sponsor	<input type="checkbox"/> Academic Research (Individual/Local)

Purpose of Transfer

Area of Application

<input type="checkbox"/> Food	<input type="checkbox"/> Drugs
<input type="checkbox"/> Medical Device	<input type="checkbox"/> Herbal Medicine / Food Supplement / Homeopathy
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Cosmetic / Household Chemical
<input type="checkbox"/> Clinical Trial	

Activity

<input type="checkbox"/> Facility Inspection	<input type="checkbox"/> Product Registration	<input type="checkbox"/> Product Variation
<input type="checkbox"/> Clinical Trials	<input type="checkbox"/> Others (specify):	

Note: Attach details of Product(s) or Facility (including site address)

Transfer Details

Transfer Amount	
Commission Paid	
Date of Transfer	
Transfer Note Code	
Bank Effecting Transfer	
Transfer By Order Of	
Funds To Be Utilized By	

Signature:

Date:

- N.B.:**
1. Funds transferred must be utilised within 90-days from transfer date.
 2. Clients should request for FDA's bank details in writing any time they want to transfer funds

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