 <p>FOOD AND DRUGS AUTHORITY</p>	<p>DOC. TYPE: FORM</p> <p>DOC NO.: FDA/FER/FOR – 01</p> <p>Page 1 of 4 Ver. No.: 02</p> <p>Effective Date: 13/09/2024</p>	
<p>TITLE: APPLICATION FOR THE REGISTRATION OF LOCALLY MANUFACTURED FOOD PRODUCT</p>		

1. DETAILS OF APPLICANT

Name of Applicant: (Company)	<input type="text"/>		
Company TIN number:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Email:	<input type="text"/>
Contact Person Name:	<input type="text"/>		

2. DETAILS OF MANUFACTURER

Name of Manufacturer:	<input type="text"/>		
Manufacturing Facility Location Address (Please include; Plot No./ HNo/Ghana Post Digital Address):	<input type="text"/>		
Telephone:	<input type="text"/>	Email:	<input type="text"/>

3. DETAILS OF THIRD-PARTY REPRESENTATION (WHERE APPLICABLE)

Name:	<input type="text"/>		
Business Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Email:	<input type="text"/>
Contact Person Name:	<input type="text"/>		



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4. INFORMATION ON PRODUCT

Brand Name:

Product Description:

Variants (If any)

Yes:

☐

No:

☐

Type of Packaging:

Primary Packaging:

Secondary Packaging:

Recommended Storage
& Handling Condition:

Shelf-Life:

Best Before/
Use By/Expiry
Date:

Country of Origin:

Labelling Language:

Number of Samples
Submitted:

Type of Samples
Submitted

☐

Final Samples

☐

Mock Samples

(Please tick the box that
Applies)

Unit Size (s)

Volume or Weight)

Raw materials/
Ingredients:


For Packaged water

Source of Water:

Bore-hole/ Pipe borne

Other-specify

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 FOOD AND DRUGS AUTHORITY <small>Your Well-being, Our Priority.</small>	FOOD AND DRUGS AUTHORITY	DOC. TYPE: FORM	
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5. PRODUCTION PROCESS

Briefly describe your Production Process

6. TYPE OF APPLICATION (Please tick the box that applies)

☐

New

☐

Renewal

For Renewal Applications: Have any modifications been made to the product/production since the last registration? (Please tick the box that applies, and briefly describe the modifications accordingly)

☐

No Changes

☐

Yes, labels

☐

Yes, location of manufacturing facility

☐

Yes, Product Formulation

7. DECLARATION

I Hereby, declare that the above information is correct to the best of my knowledge.

Name:


Signature:

Position:

Date:

NB: Please attach the following documents:

1. Copy of Business Registration Certificate
2. Certificate of Analysis (per product and variant), Sanitary or Phytosanitary Certificate (where applicable), and Radiation Certificate (where applicable)

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3. Details of any investigations carried out to determine whether or not ingredient(s) used in Manufacturing/processing the product is injurious to health
4. Model Labels (per product and variant)
5. Copy of previous Registration Letter or Certificate