



DHT/FOM/031

APPLICATION FORM FOR NEW REGISTRATION OF MEDICATED COSMETICS PRODUCTS

***Note:** Fill this form electronically using PDF reader software like Adobe, Foxit, Google chrome, Opera,...

1. Product Particulars

1.1 Brand name of Product

1.2 Common Name of Product

1.3 Product Form (tick the appropriate form)

Aerosol	Capsule	Cream	Emulsion	Gel
Granules	Kit	Liquid Suspension	Loose powder	Lotion
Ointment	Paste	Pressed powder	Pressed Cake	Solution
Stick	Other (Please specify):			

1.4 Physical Description:

1.5 Area of application of cosmetic (tick the appropriate)

Oral cavity	Hair system	Face	Lips
Body	External genital	Nail	Eyes
Other	Rwanda Food and Drugs Authority		



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1.6 Intended use (tick the appropriate):

Anti-acnes	Anti-Eczema	Anti-pimple	Anti-aging
Anti-wrinkles	Sensitive skin	skin repair	Mattifying
Skin lightening	Spots corrector	Spots removals	Sunscreens
Anti-itching	Anti-redness	Exfoliators	Moisturizer
Anti-crack	Toothpastes	Mouth wash	Anti-dandruff
Antiperspirants	Hair growth	Hair removal	Hair relaxer
Hair waving	Hair dye	Hair conditioner	Powder
Hair Straightener	Hair Removal	Anti-dandruff	Pain relief
Aromatherapy oil	Hair inhibitor	Scars removal	Anti-irritant
Others			

1.7 Contraindication

1.8 Application method:

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1.9 Pack size(s):



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1.11 Brief description of the type and properties of packaging material and the seal and its liner if any and provide justification for the suitability of the packaging material and the seal and its liner used.

1.12 Brief description of the method used to determine the shelf life.

1.13 Recommended storage conditions (where applicable) including any relevant information after the product is opened for use or reconstituted:

1.14 Proposed shelf-life:

A large, faded watermark of the RWANDA FDA logo is centered on the page. It consists of the circular emblem with the central figure, surrounded by a golden wreath, and the text "RWANDA FDA" in a large, bold, sans-serif font, with "Rwanda Food and Drugs Authority" in a smaller font underneath.

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2. Particulars of Applicant/ Registrant

Name:

Physical Address:

Postal Address:

Country:

Phone:

Fax:

Email:

Status of applicant (tick where appropriate)

Manufacture

Importer

Exporter

Other

3. Particulars of Manufacturer

Name:

Physical Address:

Postal Address:

Country:

Phone:

Fax:

Email:

4. Particulars of Local agent/ Distributor

Name:

Physical Address:

Postal Address:

Country:

Phone:

Fax:

Email:



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5. Declaration by the Applicant/ Registrant

I, the undersigned certify that all the information in this form and accompanying documentation is correct, complete and true to the best of my knowledge.

I also agree that I shall carry out vigilance to monitor the safety of the product in the market and provide safety update reports to Rwanda FDA.

It is hereby confirmed that fees have been paid according to the Rwanda FDA fees and regulation

I understand that if any information given here above is found false or incorrect, I will be liable for appropriate action under the provisions of the Rwanda FDA regulation

Name:

Position in the company:

Signature:

Official stamp:

Date:

* **Note:** If fees have been paid, attach proof of payment

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