



RWANDA FDA
Rwanda Food and Drugs Authority
P.O. Box 1948 Kigali
info@rwandafda.gov.rw
www.rwandafda.gov.rw

QMS N^o: DIS/CKL/083
Revision No: 0
Effective Date: 21/02 2022
Ref. Doc: Guidelines
DIS/GDL/005

IV. REQUIREMENTS FOR PREMISE REGISTRATION OF RESTAURANT AND/OR RELATED PREMISES				New application	Renewal	Change ownership	Change technician	Change location	Additional branch
Premise name:		Date :...../...../.....							
Documents		YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Application letter addressed to Director General			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	A duly filled application form for premises registration of food premise.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Certificate of RDB or RCA (if applicable)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Identity card or Passport of the representative (Owner, Managing Director or any legal representative of the premise).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Recent passport photo of the representative (owner, managing director or any legal representative)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Proof of Payment of prescribed fees to Rwanda FDA Accounts.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Plant layout			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Lease contract of the premise of at least one year (if applicable)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Qualification of the Specialized personnel			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Curriculum Vitae of responsible specialized personnel			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Contract of specialized personnel			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	The Identity card/ passport photo of specialized personnel			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Recent passport photo of specialized personnel			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Original license			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Doc. No.: DIS/GDL/005	Revision Date: 29/9/2021	Review Due Date: 20/02/2025
Revision No.: 1	Effective Date: 20/02/2022	