



Application form for Renew of Registration of Cosmetic, Vector Control Products, Public Health Antiseptic and Disinfectant and Public Health Laboratory Chemical Products

1. Product information

- 1.1 Registration number.....
- 1.2 Date of issue of current Market Authorization.....
- 1.3 Date of expiry of current registration.....
- 1.4 Brand Name of Product:
- 1.5 Product category:.....
- 1.6 Physical description.....
- 1.7 Product Form:
- 1.8 Name and Strength of the Active ingredient(s):.....
- 1.9 Intended use of the product.....
- 1.10 Are there any changes since product was registered? No Yes

If yes, give descriptions of the changes and if such variation was approved by Rwanda FDA

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2. Are there any reported adverse reactions?

No Yes

If yes, give descriptions of the adverse reactions and if were reported to Rwanda FDA

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3. Particulars of Applicant/ Registrant

Name of company:

Physical Address:

Postal Address:

Country:

Phone:

Fax:

Email:

Status of applicant (tick where appropriate)

Manufacturer Importer Other
If other, please specify:.....

4. Particulars of manufacturer

Name:
Physical Address:
Post Address:.....
Country.....
Phone: Fax: Email:

5. Particulars of Local Technical Representative (if applicable)

Name:
Physical Address:
Postal Address:
Phone Number..... Fax: Email:

Declaration by the Applicant

I.....undersigned certify that all the information filled on this form and accompanying documentation are 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 on 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 regulations.

Name:.....
Position:.....
Signature:.....
Officials Stamp:.....
Date:.....