REPUBLICOF SOUTH SUDAN

DRUG AND FOOD CONTROL AUTHORITY

Directorate of Marketing Authorization

APPLICATION FORM FOR PRODUCTS REGISTRATION

1. **Particulars of Applicant**

Applicant's Name	
Physical Address	
Telephone Number	
Fax	
E-mail	

2. Local Technical Representative /Agent

Name	
Physical Address	
Telephone Number	
Fax	
Email	

3. Product Description:

Trade name	
Generic name	
Dosage Form	
Pack Size	
Strength	
Visual description (color,	

shape, size, shape and other relevant features)	

4. Country of Manufacture: _____

5. Particulars of Manufacturer:

Manufacturer's Name	
Physical Address	
Telephone Number	
Fax	
E-mail	

Name of Applicant's Authorized Signatory.....

Signature: .....; **Date:**

.....

FOR OFFICIAL USE ONLY

Application Number
Date of submission of the application

Received by: .....

Title: ..... *Signature:* ..... *Date:* ...