

APPLICATION FORM FOR THE REGISTRATION OF A FOOD/DIETARY/NUTRITIONAL SUPPLEMENT

CHECKLIST

Applicant's check list		FDB double check
	Covering Letter	
	Signed Declaration	
	Fully Completed Application (Appendix I-Iv)	
	Certifcate Of Analysis (Finished Product)	
	Four (4) Copies of Label and Packaging Material	
	Four (4) Copies of Package Insert	

APPLICATION FORM FOR THE REGISTRATION OF A FOOD/ DIETARY/NUTRITIONAL SUPPLEMENT

(To be submitted in duplicate)

Cover letter addressed to:

THE CHIEF EXECUTIVE FOOD AND DRUGS BOARD P.O.BOX CT 2783 CANTONMENTS,ACCRA GHANA.

Samples and printed matter should be forwarded to the Board through the local agent; customs duty and clearance to be effected by the applicant in all instances.

Proprietary Name			
Approved Name			
Dosage Form:	Strength:	Colour:	
Commercial Presentation(s):			
Country of Origin			
Name of Applicant:			
Business Address:			
Phone:	Fax:		
e-mail			
Manufacturer:			
Premises Address:			

Postal Address:				
Phone:	Fax:			
e-mail				
Local Agent:				
Business Address:				
Phone:	1	Fax:		
e-mail				
Declaration				
I/We, the undersigned, h appendices is correct and		l information cont	ained herein and ir	ı the
Name:				
Position:				
Signature:				
Date:				
Official stamp				

APPENDIX I

GENERAL PRODUCT SPECIFICATIONS

Name	e of supplement				
Dosage form:		S1	trength:	Colour:	
(a) List <u>all</u> active ingredients as illustrated in the table below:					
	Approved name	Quantity per dosage unit	Specification	Reason for inclusion of ingredient	
	Garlic	46 mg	BP	Improves circulation	
(b) L	ist <u>all</u> non-active ing	gredients as illus	strated in table bel	ow:	
	Approved name of ingredient	Quantity per dosage unit	Specification	Reason for inclusion of ingredient	
	Starch	112.6 mg	BP	Binder	
	Magnesium Stearate	2.0 mg	BP	Lubricant	
(c) Give specifications of packaging materials (Where no specifications for packaging materials exist this must be mentioned)					
(d) List any ingredient liable to cause dependence and /or listed in the UN lists of psychotropic and narcotic drugs					
Reference to the following publications will, where applicable, be accepted					

- i. British Pharmacopoeiaii. European Pharmacopoeiaiii. United States Pharmacopoeiaiv. International Pharmacopoeia
- v. British Pharmaceutical Codex
- vi. Extra Pharmacopoeia

vii.	Such other works of reference as may be approved by the Board from time to time.

APPENDIX II

MANUFACTURING PROCEDURE AND RELATED CONTROLS

*Refer to FDB Guidelines for Registration of Food Supplements
(d) Provide stability data and justification on which shelf-life has been predicted*
(c) State proposed shelf life of supplement
(b) Attach final analytical report and authorization for release.
(a) Give a brief summary of the manufacturing procedure
Dosage FormStrength:Colour:
Name of Supplement.

APPENDIX III

ADMINISTRATIVE STATUS OF THE PRODUCT

Name	of supplement:	
Dosag	ge Form:Strength:	Colour:
YES	(i) If YES, list the countries	of the supplement been made in any other country? NO
	as the supplement been registered in a	any other country?
(c) Ha count YES		oeen rejected, refused, deferred or cancelled in any
(d) Is YES	the supplement manufactured in other	er countries? NO
to Gh		nufacturing plants from which imports can be made

APPENDIX IV

LIST OF ATTACHED DOCUMENTS AND MATERIAL

Name of Supplement		
Dosage Form	Strength	Colour
Attach 4 (four) copies of la marketing in this country	bels, package inserts and pac	ckaging materials proposed for

Note: The text of labels and written material should conform to labelling regulations in force in Ghana (Please refer to Food & Drugs Board Guidelines on Labelling)