



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

### CHECKLIST

Applicant's  
check list

FDB  
double check

- |                          |   |                          |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Covering Letter                                 | <input type="checkbox"/> |
| <input type="checkbox"/> | Signed Declaration                              | <input type="checkbox"/> |
| <input type="checkbox"/> | Fully Completed Application (Appendix I-Iv)     | <input type="checkbox"/> |
| <input type="checkbox"/> | Certificate Of Analysis (Finished Product)      | <input type="checkbox"/> |
| <input type="checkbox"/> | Four (4) Copies of Label and Packaging Material | <input type="checkbox"/> |
| <input type="checkbox"/> | Four (4) Copies of Package Insert               | <input type="checkbox"/> |

**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:..... Fax:.....

e-mail .....

**Declaration**

I/We, the undersigned, hereby declare that all information contained herein and in the appendices is correct and true.

Name: .....

Position:.....

Signature:.....

Date: .....

Official stamp

**APPENDIX I**

**GENERAL PRODUCT SPECIFICATIONS**

Name of supplement.....

Dosage form:.....Strength:.....Colour:.....

(a) List all 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) List all non-active ingredients as illustrated in table below:

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)

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(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 Pharmacopoeia
- ii. European Pharmacopoeia
- iii. United States Pharmacopoeia-
- iv. 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**

Name of Supplement.....

Dosage Form.....Strength: .....Colour: .....

(a) Give a brief summary of the manufacturing procedure

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.....  
.....

(b) Attach final analytical report and authorization for release.

.....

(c) State proposed shelf life of supplement

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(d) Provide stability data and justification on which shelf-life has been predicted\*

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**\*Refer to FDB Guidelines for Registration of Food Supplements**

**APPENDIX III**

**ADMINISTRATIVE STATUS OF THE PRODUCT**

Name of supplement: .....

Dosage Form:.....Strength: ..... Colour:.....

(a) Has an application for the registration of the supplement been made in any other country?  
YES NO

(i) If YES, list the countries

.....  
.....

(b) Has the supplement been registered in any other country?  
YES NO

(c) Has the registration of the supplement been rejected, refused, deferred or cancelled in any country?  
YES NO

(i) If YES, state details

.....

(d) Is the supplement manufactured in other countries?  
YES NO

(i) If YES, state details and list manufacturing plants from which imports can be made to Ghana.

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**APPENDIX IV**

**LIST OF ATTACHED DOCUMENTS AND MATERIAL**

Name of Supplement.....

Dosage Form.....Strength .....Colour .....

Attach 4 (four) copies of labels, package inserts and packaging materials proposed for marketing in this country

**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)