



MEDICINES CONTROL AGENCY

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RELATED PRODUCT REGISTRATION APPLICATION

Medical Device In-vitro Diagnostic Household Chemical Substance
Cosmetic Other (Specify)

Renewal MCA Product Registration Number

Name of Product
Description of Product

MANUFACTURER

Name
Premises/Business Address
Tel Email Website

RESPONSIBLE PERSON

Name
Premises/Business Address
Tel Email Website

APPLICANT

Name
Address + Full Contact Details
Tel Email Website

STATUS OF APPLICANT

Manufacturer <input type="checkbox"/> Responsible Person <input type="checkbox"/> Importer <input type="checkbox"/> National Representative <input type="checkbox"/>
Other <input type="checkbox"/> (please specify)

IF MEDICAL DEVICE: NA

General Medical Device Medical Equipment Implantable Medical Device

(Specify)

INTENDED USE / INDICATIONS:

IF IN-VITRO DIAGNOSTIC: NA

Kit Reagent Other (Specify)

TEST PURPOSE

IF COSMETIC OR HOUSHOLD CHEMICAL SUBSTANCE NA

Ingredients:

CLAIM(S)

PACKAGE SIZE/NET WEIGHT/LENGTH/VOLUME/NUMBER OF UNITS

MISCELLANEOUS (Special Conditions, etc.)

ENCLOSURES (mark as X)

Instructions for use <input type="checkbox"/>	Technical documentation <input type="checkbox"/>	Labels <input type="checkbox"/>
Declaration of Conformity <input type="checkbox"/>	Product Verification and Validation Documents <input type="checkbox"/>	
Registration certificate(s) from country of origin and others, where applicable <input type="checkbox"/>		
Other Documents <input type="checkbox"/>		

DECLARATION:

I, the undersigned certify that the information in the accompanying documentation concerning the application for registration of the medicine indicated herein is true and reflects the total information available.

I also agree that I am obliged to comply with the requirements of the Agency related to the stated products at any time in the future.

Name of Applicant:

Position/Designation:

Address and Contact Details:

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Signature of Applicant: Date:

OFFICIAL USE

Application no:
Comments