



## MEDICINES CONTROL AUTHORITY OF ZIMBABWE

Form: PVF30

*Please see the notes at the end of this form for guidance on completing the form*

### Updating Contact Details

#### **PREAMBLE**

This form should be completed by all Applicants that have products registered for sale in Zimbabwe. It is for administrative purposes only to facilitate communication between Applicants and the MCAZ with regards to payment of fees for annual registration renewal for medicinal products registered with the MCAZ. Such information will ensure that all communication relating to retention of product, registrations is handled timeously by directing it to the correct persons and addresses.

The form should therefore NOT be used for the purposes of notifying the MCAZ of changes in Applicant, Manufacturer, and Principal name, address. A separate process and guidance is available for amendments to product details.

#### **i, Information on the main applicant**

<b>Applicant Name</b>			
<b>Official address (Physical Address)</b>			
<b>Postal Address</b>			<b>Post Code</b>
<b>City</b>		<b>Country</b>	
<b>Phone</b>		<b>Fax</b>	
<b>Website</b>		<b>E-mail</b>	

#### **ii. Applicant - Contact Person's Details**

<b>Surname</b>		<b>First name(s)</b>	
<b>Title (Mr, Mrs, Ms, Dr etc.)</b>		<b>E-mail address</b>	
<b>Official Title</b>			



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**iii. Address for MCAZ submission of statements for annual renewal of registration**

*(If different from the above)*

<b>Name of Company/agent</b>					
<b>Contact Person</b>					
<b>Official address: (Physical address)</b>					
<b>Postal Address</b>		<b>Post Code</b>			
<b>City</b>		<b>Country</b>			
<b>Phone</b>		<b>Fax</b>		<b>E-mail</b>	
<b>Mobile</b>					

I, the undersigned, hereby declare that all the information contained herein is correct and true and the Medicines Control Authority of Zimbabwe will be notified of any changes to contact details.

<b>Name of person representing applicant</b>	
<b>Signature of representative</b>	
<b>Official Title/Capacity</b>	
<b>Date</b>	

*Notes for applicants:*

1. Please fill in all the sections of the form
2. The contact address/details for statements is the preferred address where all statements should be sent by the MCAZ. This address may be different to the address used for other regulatory communications with the MCAZ.