MCAZ Medicines Control Authority of Zimbabwe

PHARMACOVIGILANCE AND CLINICAL TRIALS DIVISION

APPLICANTS' CONTACT DETAILS UPDATE FORM

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 or address. A separate process and guidance is available for amendments to product details.

Notes for applicants:

1. Please fill in all the sections of the form using font type Times New Roman, font size 12.
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

i.   Information on the main applicant

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

ii.   Applicant - Contact Person's Details

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

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

(If different from the above)

Company/agent					
Contact Person					
Postal Address		Post Code			
City		Country			
Phone		Fax		E-mail	
Mobile					

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.

Name of person representing applicant	
Signature of representative	
Official Title/Capacity	