

Company Registration Form 2:

Manufacturing Facility Details



United Arab Emirates
Ministry of Health
www.moh.gov.ae

Date:	<input type="text"/>	Application Type:	<input type="text"/>
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Type of Company:	<input type="text"/>
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1. Applicant: Name and details of the Company that is submitting the application for registration of the site:

Company Name:	<input type="text"/>				
Address:	<input type="text"/>	City:	<input type="text"/>		
State/Province:	<input type="text"/>	Country:	<input type="text"/>	E-Mail:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>	Web Site:	<input type="text"/>

Have you previously held any registration certificate recorded by Drug Control Department?
(If YES please attach evidence)

☐ yes ☐ no

2. Manufacturing Site Details:

Site Name:	<input type="text"/>				
Company Name:	<input type="text"/>				
Address:	<input type="text"/>	City:	<input type="text"/>		
State/Province:	<input type="text"/>	Country:	<input type="text"/>	E-Mail:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>	Web Site:	<input type="text"/>

3. Type of medicinal products manufactured at this site:

Medicines for Human use: ☐ yes ☐ no

Medicines for use of Animals: ☐ yes ☐ no

4. Manufacturing License Details:

Competent Authority that Issued the License:	<input type="text"/>				
License Number:	<input type="text"/>	Issued On:	<input type="text"/>	Valid Till:	<input type="text"/>

5. cGMP Certification Details:

GMP Certificate Issued By:	<input type="text"/>				
GMP Cert. Number:	<input type="text"/>	Issued On:	<input type="text"/>	Valid Till:	<input type="text"/>

6. Mention the authorities and country (other than C.O.O) where the site is approved for the product registration*

Country	Type of Evidence**	Certificate Number	Issued On:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*All information mentioned above should be supplemented with relevant attached documents.

** Evidence could be cGMP certificate or registration certificate of the site or registration certificate of product including the site name and address.

7. Specify the operations carried out in the manufacturing site:

Manufacture ☐ yes ☐ no Storage & Handling ☐ yes ☐ no Batch Releaser ☐ yes ☐ no
 Assembly & Labeling ☐ yes ☐ no Analytical Testing ☐ yes ☐ no

8. Activities at the site:

Please tick MA (Manufacture and Assembly) or MO (Manufacture only) as appropriate for each category of production.

Activities	MO	MA
Sterile Products		
Sterile Liquid Dosage Forms		
Large Volume Parenteral (100ml or more)	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Solutions (100ml or more)	<input type="checkbox"/>	<input type="checkbox"/>
Small Volume Parenteral (Below 100ml)	<input type="checkbox"/>	<input type="checkbox"/>
Small Volume (Eye drops)	<input type="checkbox"/>	<input type="checkbox"/>
Aseptically prepared	<input type="checkbox"/>	<input type="checkbox"/>
Terminally sterilized products	<input type="checkbox"/>	<input type="checkbox"/>
Other Sterile Liquid Dosage Forms please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Semi-Solid Dosage Forms		
Creams	<input type="checkbox"/>	<input type="checkbox"/>
Ointments	<input type="checkbox"/>	<input type="checkbox"/>
Aseptically prepared	<input type="checkbox"/>	<input type="checkbox"/>
Terminally sterilized products	<input type="checkbox"/>	<input type="checkbox"/>
Other Sterile Semi-Solid Forms please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Solid Dosage Forms		
Solid fill (including powders for reconstitution)	<input type="checkbox"/>	<input type="checkbox"/>
Freeze-dried (lyophilized)	<input type="checkbox"/>	<input type="checkbox"/>
Sutures and licensable wound management devices	<input type="checkbox"/>	<input type="checkbox"/>
Other Sterile Solid Forms please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Sterile Products	MO	MA
Solid, Semi-solid and other liquid non-sterile dosage forms (Unit and Multi-dose non-sterile liquids)		
Aerosols (pressurized)	<input type="checkbox"/>	<input type="checkbox"/>
Sprays	<input type="checkbox"/>	<input type="checkbox"/>
Solutions	<input type="checkbox"/>	<input type="checkbox"/>
Lotions	<input type="checkbox"/>	<input type="checkbox"/>
Liquids	<input type="checkbox"/>	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Tablets: Film Coated	<input type="checkbox"/>	<input type="checkbox"/>
Tablets: Enteric Coated	<input type="checkbox"/>	<input type="checkbox"/>
Tablets: Effervescent	<input type="checkbox"/>	<input type="checkbox"/>
Other Tablets, please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capsules, hard gelatin	<input type="checkbox"/>	<input type="checkbox"/>
Capsules, soft gelatin	<input type="checkbox"/>	<input type="checkbox"/>
Suppositories	<input type="checkbox"/>	<input type="checkbox"/>
Pessaries	<input type="checkbox"/>	<input type="checkbox"/>

Non Sterile Products (Continued)	MO	MA
Powders	<input type="checkbox"/>	<input type="checkbox"/>
Granules	<input type="checkbox"/>	<input type="checkbox"/>
Effervescent Granules	<input type="checkbox"/>	<input type="checkbox"/>
Creams	<input type="checkbox"/>	<input type="checkbox"/>
Ointments	<input type="checkbox"/>	<input type="checkbox"/>
Paste	<input type="checkbox"/>	<input type="checkbox"/>
Gel	<input type="checkbox"/>	<input type="checkbox"/>
Intra mammary preparation for veterinary use	<input type="checkbox"/>	<input type="checkbox"/>
Medical Gases	<input type="checkbox"/>	<input type="checkbox"/>
Other Non-Sterile dosage forms, please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active Ingredients (BIOLOGICAL) Produced or Handled at the Site	MO	MA
Vaccines	<input type="checkbox"/>	<input type="checkbox"/>
Sera and other Immunologicals	<input type="checkbox"/>	<input type="checkbox"/>
Blood and other blood products	<input type="checkbox"/>	<input type="checkbox"/>
Other biologicals, please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Active Ingredients Produced or Handled at the Site (POTENTIALLY HAZARDOUS)	MO	MA
Penicillins	<input type="checkbox"/>	<input type="checkbox"/>
Cephalosporins	<input type="checkbox"/>	<input type="checkbox"/>
Hormones	<input type="checkbox"/>	<input type="checkbox"/>
Cytostatics	<input type="checkbox"/>	<input type="checkbox"/>
Cytotoxics	<input type="checkbox"/>	<input type="checkbox"/>
Other Active Ingredients Produced or Handled at the Site (MISCELLANEOUS)	MO	MA
Radioactive Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
Veterinary Ectoparasiticides	<input type="checkbox"/>	<input type="checkbox"/>
Veterinary Feed additives & Premixes	<input type="checkbox"/>	<input type="checkbox"/>
Medical Devices, please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicines	MO	MA
Solid Dosage Forms	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Dosage Forms	<input type="checkbox"/>	<input type="checkbox"/>
Homeotherapeutics	MO	MA
Solid Dosage Forms	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Dosage Forms	<input type="checkbox"/>	<input type="checkbox"/>
ASSEMBLY ONLY		
**NOTE: Filling of sterile products is classified as manufacture, not as assembly. Please Tick the appropriate.		
PRIMARY PACKAGING		
Filling of Primary Container	<input type="checkbox"/>	
Liquid dosage forms	<input type="checkbox"/>	
Semi-solid dosage forms (including creams and ointments)	<input type="checkbox"/>	
Solid dosage forms (including tablets and powders)	<input type="checkbox"/>	
Blister and/or strip packaging	<input type="checkbox"/>	
Medical gases	<input type="checkbox"/>	
SECONDARY PACKAGING		
Secondary packaging of primary containers	<input type="checkbox"/>	
Labeling of primary containers	<input type="checkbox"/>	

Sterilizations processes used in the site for products or components (if available)	Yes	No
Steam or steam/air	<input type="checkbox"/>	<input type="checkbox"/>
Biocidal gas/chemical	<input type="checkbox"/>	<input type="checkbox"/>
Dry heat	<input type="checkbox"/>	<input type="checkbox"/>
Irradiation/electron beam	<input type="checkbox"/>	<input type="checkbox"/>
By ethylene oxide	<input type="checkbox"/>	<input type="checkbox"/>

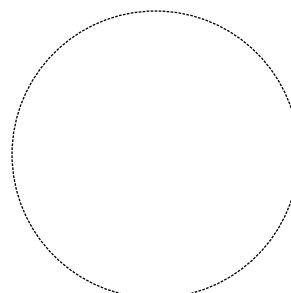
DECLARATION

We hereby declare that all the information given above are true and correct, and assume full responsibility for this declaration with all consequences which might arise from false or erroneous information

Full name of the Manufacturing Facility:			
Contact Person's Name:		Designation:	
Address:			City:
State/Province:		Country:	
Phone:		Fax:	
		E-Mail:	
		Web Site:	



Signature of Authorized Signatory



Company Seal/Stamp

Name of the Signatory:

Designation/Title:

To be signed by the Managing Director/ of the manufacturing site or an equivalent person who has overall responsibility for the Manufacturing the finished product.

Please Note: All information should be completely filled by the company. Incomplete application form will be rejected by the Drug Control Department, MOH, United Arab Emirates.

LIST OF REQUIRED DOCUMENTS TO BE SUBMITTED ALONG WITH THIS FORM

1. The application form duly filled, signed and stamped by the responsible person in the company
2. A legalized letter issued by the company on its original letterhead, signed and stamped by the responsible person in the company, authorizing a person or a local establishment to submit the registration files on its behalf, to the Drug Control Department. (This person / the local establishment will be responsible to receive the registration certificate from the Drug Control Department)
3. Legalized current GMP certificate issued by the competent authority in country of origin. (Attested true by the UAE Embassy)
4. Legalized valid Manufacturing License issued by the competent authority in country of origin. (Attested true by the UAE Embassy)
5. List of the products manufactured and/or assembly by the site.
6. Site Master file
7. Notarized copies of registration certificates or evidence of GMP certification from other countries where the manufacture site is registered.