



**CUSTOMER ONLINE ACCESS
REGISTRATION FORM**

**TFDA/DBD/ICT/F/001
Rev #:0**

P.O Box 77150,
Dar Es Salaam, Tanzania
Tel: +255 22 2450751, +255 22 2450512, Fax +255 22 2450793
Email: info@tfda.go.tz
Website: www.tfda.go.tz

Applicant Details

Company Name:

* Company Email Address (Valid active email):

* TIN No:

Telephone: Fax:

Postal Address: Website:

Country: Region:

District:

*Physical Address:

Contact Person /Local Agent Details

Full Name:

Telephone No: Email:

Country: Region:

Postal Address:

I hereby confirm that the above information is true and valid.

Customer Signature: Date.....

**Authorization by Head of Section In charge (Import & Export of Food, Medicines,
Cosmetics, Medical Devices or Zone Managers)**

Name: _____ Signature:_____ Date:_____

ICT Section

Name: _____ Signature:_____ Date:_____

NOTE: Attach copy of TIN Certificate