

FORM NAFDAC / 1001



**NATIONAL AGENCY  
FOR FOOD AND DRUG  
ADMINISTRATION AND CONTROL  
(NAFDAC)**

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**REGISTRATION FORM  
for  
FOOD PRODUCTS**

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**A. PARTICULARS OF APPLICANT**

FORM NAFDAC / 1001

1. NAME OF APPLICANT \_\_\_\_\_

2. ADDRESS OF APPLICANT

MAILING ADDRESS

BUSINESS ADDRESS


*POST OFFICE BOX OR PRIVATE MAIL BAG UNACCEPTABLE*

3. NAME OF MANUFACTURER \_\_\_\_\_

4. ADDRESS OF MANUFACTURER \_\_\_\_\_

MAILING ADDRESS

BUSINESS ADDRESS


*POST OFFICE BOX OR PRIVATE MAIL BAG UNACCEPTABLE*

5. TICK AS APPROPRIATE

 AN IMPORTER A MANUFACTURER A DISTRIBUTOR**B. PARTICULARS OF PRODUCT** \_\_\_\_\_

1. NAME OF ARTICLE \_\_\_\_\_

2. BRAND OR OTHER NAME \_\_\_\_\_

3. FULL DESCRIPTION \_\_\_\_\_

*\*EXTRASHEETMAYBEATTACHED,IFFOUNDNECESSARY*

4. METHOD OF PREPARATION OF THE FOOD ITEMS \_\_\_\_\_

5. COMPOSITION OF THE FOOD PRODUCT GIVING THE AMOUNT OF CONSTITUENTS PRESENT \_\_\_\_\_

6. PACKAGING SPECIFICATIONS INCLUDING PACK SIZES \_\_\_\_\_

7. METHOD OF USE \_\_\_\_\_

(a) Particulars of any investigations carried out to determine the cumulative effect, if any, on the health of any person consuming ordinary quantities of the product when used as stated above: \_\_\_\_\_

(b) Particulars of any investigations carried out to determine whether or not the product or any of the ingredients used in compounding the product is injurious to health \_\_\_\_\_

8. RECOMMENDED STORAGE AND HANDLING CONDITIONS \_\_\_\_\_

9. DATE MARKING (IN CLEAR) SHELF LIFE \_\_\_\_\_

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The Director General,  
National Agency for Food & Drug  
Administration & Control,  
P. M. B. 12949,  
LAGOS.

Dear Sir,

I return herewith completed application form NAFDAC/1003 with the underlisted items for your security:

- (a) \_\_\_\_\_ Samples of food
- (b) \_\_\_\_\_ Ingredients used in compounding the food
- (c) \_\_\_\_\_ Labels to be affixed to the food and package of it.
- (d) \_\_\_\_\_ Evidence of safe use of the ingredients and container
- (e) \_\_\_\_\_ Evidence of any special claims made

.....  
Yours faithfully

C.

DECLARATION

(i) In compliance with the requirements of Drugs and related products, (registration, etc.) Decree No. 19 of 1993

I, .....  
*(full name in block letters)*

hereby declare that the article described above was manufactured in accordance with the provisions of the said Decree and the relevant Regulations made under it.

Company Seal .....  
*Signature of declarant*

.....  
 Designation .....  
 Date

(ii) I, .....hereby certify that the above information is correct to the best of my knowledge and affirm that any false information will render me liable to prosecution under **Section 6 of the Drug and related products (Registration, etc.) Decree No. 19 of 1993.**

.....  
 Designation .....  
 Owner of business

.....  
 Date

NOTES:

- (a) Foreign concerns shall clearly state the existing standards under which the article was manufactured.
- (b) National Agency for Food and Drugs Administration & Control will ensure that all the information contained in this completed application is treated with the strictest secrecy and in accordance with **Section 3 of the Drug and related products (Registration, etc.) Decree No. 19 of 1993.**
- (c) **Declaration (ii) must be made by the owner of the business while (i) may be made by an employee not below the rank of Factory Manager or Quality Control Manager.**