بسم الله الرحمن الرحيم

Maldives Food and Drug Authority
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ދިވެހިރާއްޖެ ފުޅު ބޭސްބަނޑު ބެލެހެއްޕާ
ދާދި، ދިވެހިރާއްޖެ
ފޯން: 3014322، 3014317
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Form No/ ފورމް ނަންބަރ : MTG/RE-MI/F0 OO42.....

Medical Device Importers Registration form

ދެރަވެ ވެދާސް ބިލْވެރިކުން ވަންދެން ބަންދުކުރުން ބުއްދި ފورމް

1. Details of Applicant/ ބިލْވެރިކުން ބުއްދި ވަކިން ވަންދެން ތަफْސِيلُ		
If an Individual person/ ތަން ވަކިން ވަންދެ	Company name/ ކުންފުނީގެ نام	
Full name/ ފުރިހަން نام	address/ ބެލެހެއްޕާ	
Permanent address/ ދާއِمی ބެލެހެއްޕާ	Mobile no/ ފޯން ނمبر	Phone No/ ފޯން ނمبر
Mobile no/ ފޯން ނمبر	Fax/ ފެކްސް	E-mail/ ބްރައުޒަރ ބެލެހެއްޕާ
ID Number/ ތަން ނمبر	Website/ ވެބްސައިޓ	
Current address/ ދާއِمی ބެލެހެއްޕާ	Company name/ ކުންފުނީގެ نام	

2. Detail of Authorized Representative/ ބާވަން ކުރެވިފައިވާ ތަފْصِيلُ		
Full name/ ފުރިހަން نام	Company name/ ކުންފުނީގެ نام	
Address/ ބެލެހެއްޕާ	address/ ބެލެހެއްޕާ	
Mobile no/ ފޯން ނمبر	Phone No/ ފޯން ނمبر	Fax/ ފެކْس
ID Number/ ތަން ނمبر	E-mail/ ބْرَاؤزَر ބެލެހެއްޕާ	
Current address/ ދާއِمی ބެލެހެއްޕާ	Website/ ویب سائٹ	

3. Responsible person of Medical Device /ڈیوائس ذمہ دار شخص
Name/ نام

NOTE: The Authorized representative is a person or registered business legal representation in the Maldives. Medical Device Import license will only be issued to an Authorized person or company to sell imported goods.

ބާވަން: ބާވަން ކުރެވިފައިވާ ބަންދުކުރާ ބަންދުކުރާ ، ؤ ، ؤ ، ؤ

Declaration to be completed by All Applicants

I declare the information supplied in this notification is correct and complete. I authorize the MFDA to obtain information form any institution previously or currently associated with my company. If any information supplied by me is untrue, incomplete or misleading in any respect, I understand the MFDA may take such action as it believes necessary including the disclosure of the information to any person or body the MFDA considers has a legitimate interest in receiving it and I consent to such disclosure. I understand the MFDA reserves the right to vary or reverse any decision made on the basis of untrue, incomplete, or misleading information. Moreover, I will co-operate with any person representing the MFDA, by providing additional information requested.

ހުށަހަޅާ ބަންދުތަކުން ފުރިހަމަ ކުރަންވާ ބަންދެއް

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