



**Maldives Food and Drug Authority**

**Ministry of Health**

**Male', Maldives**

Tel: 3014361

E-mail: [foodsupplement@health.gov.mv](mailto:foodsupplement@health.gov.mv)

Website: [www.health.gov.mv](http://www.health.gov.mv)

## Application for Listing of Food Supplement for Import

SECTION 1 – APPLICANT INFORMATION			
Applicant's Name:	Company Name:		Company Stamp (companies)
NID/PP No. (individuals):	Company Registration No.:		
Address:	Company Address:		
Contact No.:	Point(s) of Sale (shop name/website/social media):		
Email:			

\* For companies, Applicant shall be the owner or MD of the company

SECTION 2 – LIST OF PRODUCTS INTENDED FOR IMPORT			
#	Name of Product	Manufacturer	Country of Origin
1			
2			
3			

\* Please attach an additional page, if required.

SECTION 3 – DECLARATION	
I, _____, ID number: _____ hereby declare that the products in the product list do not contain any medicine or active ingredients of the medical or therapeutic product and comply with the Guidelines on Issuance of Health Clearance to Food Supplements Imported to Maldives (MFDA-FCD GL 2-2020 (Rev 02 – Feb 2021)). I understand that the products have not been approved by MFDA. I declare that the information provided above is true and correct to the best of my knowledge and I undertake to inform any changes therein, immediately. In case any of the above information is false or untrue, I am aware that I shall be held liable for it.	Signature Date:

\* Declaration shall be signed by the owner or MD of the company.

SECTION 4: REQUIRED DOCUMENTS
<ul style="list-style-type: none"> <li>• Photographs of the product from all sides (360° view)</li> <li>• Product details (name, composition)</li> <li>• Manufacturer Details</li> <li>• NID</li> </ul>

FOR OFFICIAL USE ONLY	
<b>Received By</b>	
Name:	Date:
Designation:	Signature: