

Registration form

For Medical

Appliances & Lab

Diagnostic kits

First:- General Information

A	Name of company	
B	Main address	
C	Nature of activities (contract manufacturer , market authorize holder , etc	
D	Number of various working branches inside country of origin	
E	Number of various working branches outside country of origin	
F	name and address of branch supplying the Iraqi market. <u>N.B.</u> if the branch supplying the Iraqi market is not the mother company. Pleas fill separate application for the mother company.	
G	Name and addresses of other companies that cooperate or share in its activities in the field of drugs, what sort of relation	
H	Year of foundation	
I 1)	Registered annual capital	
2)	Working annual capital (optional)	
3)	Sales annual capital – (optional)	
J	Total number of employees	

K	Product list	
L-1	Are these preparations totally or partially manufactured by the firm itself ?	
L-2	If partially manufactured, what are these products, where manufactured, and why?	
M	Other activities besides	
N	Names other countries where products are marketed	

Second: Production Division

A	Origin of all raw materials	
	self manufacturing	
	Under license	
	Other sources	
B	Number and qualification of personnel working in the production division.	
C	Number of square meters assigned for production area	
D	Name, qualification and signature of the head of the dept.	

Third: Control Laboratories

A	Do you have control laboratories	
	For testing raw materials	
	For in process control	
	For testing final products	
B	what type of laboratory tests you perform?	
C	What type of laboratory equipments used for quality control?(may be submitted separately).	
D	Number and qualification of personnel working these labs?	
E	Do you revert to the aid of other laboratories for control purposes? Name these labs & indicate what sort of assistance.	
F	Number of square meters assigned for these labs.	
G	Give in details the activities performed by the competent authorities for controlling your establishment and production.(provide details & documentation)	
H	Name, qualification and signature of the head of the dept.	

I	<p>I, the undersigned: (Full name of the person responsible for the establishment).</p> <p>Hereby declare that all information given above is true, and I assume full responsibility for this declaration with all consequences, which might arise from false or erroneous information.</p>	
	Date	
	Name of the establishment	
	Signature and Stamp:	

N.B.

Please sign and stamp each page of this form
