THE UNITED REPUBLIC OF TANZANIA **MINISTRY OF HEALTH**

Web site: http//www.tfda.or.tz Telephone: 255 22 2450512, 2450751 Direct line: 255 22 2450979

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TANZANIA FOOD AND DRUGS AUTHORITY P.O. BOX 77150 DAR ES SALAAM

REJECTION/DETENTION FORM

Import	er/Manufacturerer/Consigneespected consignment(s) as per Pro F		
and Ai and Si	rway Bill/Import Declaration Form Nungle Bill of Entry Numberen rejected/retained for the following	mber	.dated .dated
1.	Pro Forma Invoice is not approved by	by the TFDA	
2.	2% FOB is not paid to the TFDA		
3.	The product(s) is/are not registered	by the TFDA	
4.	Consignee is unauthorized dealer o	f pharmaceuticals	
5.	Manufacturer of the product is not in	ndicated	
6.	Description of the item is not clear		
7.	. Manufacturing and/or expiry date of product(s) not indicated		
8.	3. The product(s) shelf life is too short/expired		
9.	Physical quality of the product is poor		
10. Other(s)			
Name	of Drug Inspector	Signature	Date
 Name	of Consignee/Clearing Agent	Signature	Date