



MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA



PUBLIC HEALTH IN-VITRO DIAGNOSTICS CONTROL LABORATORY

COMPANY REGISTRATION FORM (MLSCN/IVDs/181 V4)

MANUFACTURER / IMPORTER

MARKETER

MLSCN Internal Use Only	
Application Number:	
Company Identifier Number:	
Company Name:	
Date received at IVD Lab:	

1.1.1. <i>Name of Company</i>				
1.1.2. <i>MLSCN Company identification number</i>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
1.1.3 <i>Company Physical address</i>	<i>Street Name and No.:</i>			
	<i>City:</i>			
	<i>Postcode:</i>			
	<i>Country:</i>			
1.1.4 <i>Company Postal address</i>	<i>Street Name and No.:</i>			
	<i>Postal Office Box No.:</i>			
	<i>City:</i>			
	<i>Postcode:</i>			
	<i>Country:</i>			
1.1.5 <i>Company telephone</i>				
1.1.6 <i>Company fax</i>				
1.1.7 <i>Company email</i>				
1.1.8 <i>Company URL/web address</i>				
1.1.9 <i>Name of parent company</i>				
1.1.10 <i>List of Directors</i>				
1.1.11 <i>Tax identification Number (TIN)</i>				
1.1.12 <i>Trade Mark Reg.</i>				
1.1.13 <i>Manufacturers Authorization Letter/Memorandum of understanding (MOU)</i>				

1.1.14 Photocopy of Registration with Cooperate Affairs Commission (CAC)									
1.1.15 Label Content Declaration a. Not for Export b. For Export only c. For In country use d. For Export and in country use	tick the applicable option <table border="1" data-bbox="781 436 1117 625"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No	Yes	No	Yes	No	Yes	No
Yes	No								
Yes	No								
Yes	No								
Yes	No								
1.1.16 Product catalogue/Brochure									
1.1.17 MLSCN may publish the content of Registration and outcome of the evaluation on her website and in any journals.	Agreed Not agreed <table border="1" data-bbox="781 800 1019 852"> <tr> <td style="width: 50px; height: 25px;"></td> <td style="width: 50px; height: 25px;"></td> </tr> </table>								

Authorized contacts for the Company

1.1.18 Name of key authorized contact	
1.1.19 Authorized contact postal address	Department:
	Street Name and No.:
	City:
	Postcode:
	Country:
1.1.20 Authorized contact telephone	Fixed line:
	Mobile/Cell phone:
1.1.21 Authorized contact fax	
1.1.22 Authorized contact email	

<i>1.1.23 Name of second authorized contact</i>	
<i>1.1.24 Authorized contact postal address</i>	Department:
<i>1.1.25</i>	Street Name and No.:
<i>1.1.26</i>	City:
<i>1.1.27</i>	Postcode:
<i>1.1.28</i>	Country:
<i>1.1.29 Authorized contact telephone</i>	Fixed line:
<i>1.1.30</i>	Mobile/Cell phone:
<i>1.1.31 Authorized contact fax</i>	
<i>1.1.32 Authorized contact email</i>	

1.1.33 <i>Name of second authorized contact</i>	
1.1.34 <i>Authorized contact postal address</i>	<i>Department:</i>
	<i>Street Name and No.:</i>
	<i>City:</i>
	<i>Postcode:</i>
	<i>Country:</i>
1.1.35 <i>Authorized contact telephone</i>	<i>Fixed line:</i>
	<i>Mobile/Cell phone:</i>
1.1.36 <i>Authorized contact fax</i>	
1.1.37 <i>Authorized contact email</i>	
1.1.38 <i>Other Locations in-country</i>	

2 Product – Information – List of IVDs Marketed in Nigeria

2.1 Product name and product/catalogue number

<i>Serial no.</i>	<i>Product name</i>	<i>Catalogue number</i>
2.1.35		
2.1.36		
2.1.37		
2.1.38		
2.1.39		
2.1.40		

Use of extra sheets is allowed.

I confirm that the contents of this submissions are true to the best of my knowledge.

Name.....

Signature.....

Date.....

3.1 *Manufacturer / Importer Registration Fee* ***₦250,000=***

3.2 *Marketers Registration Fee* ***₦150,000=***

3.3 *Annual Renewal of Company Registration* ***₦30,000=***

All payment should be made through the Remita using www.mlscn.gov.ng.

Return Completed Form and Bank Teller to:

Head of Public Health In-Vitro Diagnostics Control Laboratory (IVD)

MLSCN Lagos Office

8 Harvey Road

Yaba Lagos

www.mlscn.gov.ng

ivds@mlscn.gov.ng

+234-7062118574

+234-8056015503