

MAMLAKA YA UDHIBITI WA MBOLEA TANZANIA
TANZANIA FERTILIZER REGULATORY AUTHORITY

Ninth schedule

(Made under regulation 13(1) of the Fertilizer regulations of 2011)

The Executive Director,
 Tanzania Fertilizer Regulatory Authority.
 P.o. Box 46238,
DAR ES SALAAM.
 Mobile:- +255222861939
 Email;- licence@tfra.go.tz

Mwombaji anapaswa kujaza fomu FR 9. *The applicant shall fill FR 9 form.*

1. Jina la Mwombaji (Kampuni au Binafsi)/*Name of applicant (Company or Individual)*

2. Anuani ya Posta/*Postal Address*.....
 Mkoa/*Region*..... Halmashauri/LGA.....
 Kata/*Ward*..... Kijiji au Mtaa/*Village or Street*.....
 Simu/*Telephone*..... Barua pepe (*E-mail*).....
 Namba ya kiwanja cha biashara/*Business Premises Plot number*.
3. Aina ya leseni/*Type of licence (Importer, Distributor, Wholesale or Reatailer)*

4. Namba ya leseni ya mbolea iliyoisha muda wake au ni ombi jipya/*Number of expired fertilizer licence or a new application*
 Tarehe iliyotolewa/*Date issued*.....
5. Jina na taaluma/sifa ya mtaalam/*Name and Qualifiacion of technical staff (if any)*

6. Ninathibitisha/Tunathibitisha kwamba taarifa za hapa juu ni kweli kama ni juavyo/*Tujuavyo na niaminivyo/tuaminivyo/ I/ We certify that the information given above is correct to the best of my/our knowledge using the information and scientific data available to me/us*
 Saini ya Mwombaji/*Signature of Authorized Officer(s)*.....
 Cheo/*Title*..... Tarehe/*Date*.....
 Mhuri/*Stamp*.....

Fomu za maombi ziambatishwe na/Attach application forms with

1. Nakala ya cheti cha usajili “Incorporation/Registration” iwapo ni umesajiliwa/*Photocopy of Certificate of Incorporation in case of a company.*
2. Hati ya kujiandikisha kama mlipa kodi/*Tax payer Identification Number-TIN*
3. Nakala ya leseni ya mbolea iliyoisha muda wake kwa anayehuisa leseni yake/*Photocopy of expired fertilizer licence for a new applicant.*
4. Tuma/peleka maombi yako kwenye ofisi za TFRA kwa ajili ya hatua zaidi/*Send or bring the documents to TFRA office for further procedures.*