Print Form

Registrar Corp
144 Research Drive, Hampton, Virginia, 23666, USA
P: +1-757-224-0177 ★ F: +1-757-224-0179 ★ E: pn@registrarcorp.com

Prior Notice
Instructions

Registrar Corp will assist you in complying with the U.S. Food and Drug Administration's Prior Notice requirements. Simply follow these three steps:

Include a Bar-Coded Prior Notice Confirmation along with other required documents whenever shipping food, beverages, or dietary supplements to the USA.

1. **Complete the attached "Prior Notice" form.**
   Note that there are different forms for shipments by:
   - Land (Trucks delivering product from Canada or Mexico)
   - Sea (Maersk Sealand, OOCL, etc.)
   - Air (British Airways, Delta, etc.)
   - FedEx / Federal Express
   - Express Carriers (DHL, UPS, etc.)
   - Mail (Canada Post, Royal Mail, etc.)
   - Personal Baggage (Product carried into the U.S. via personal baggage on planes or cars)

   If you do not have the correct form, contact us and we will send you the appropriate form for your shipment method. Include the attached "Product Addendum" form if you are shipping more than three products.

2. **Complete the enclosed "Payment Form."**
   You can pay for one shipment at a time *or* you may purchase a block of Prior Notices that may by used for future shipments. Prior Notices purchased in blocks *never expire* and allow for different payment options.

3. **Fax the completed forms to the U.S.: +1-757-224-0179.**

Within hours of receiving the completed forms, Registrar Corp will:
- File your Prior Notice with the U.S. Food and Drug Administration (FDA) and U.S. Customs and Border Protection Service (CBP), and
- Provide you with your Bar-Coded Prior Notice Confirmation.

Photocopy your Bar-Coded Prior Notice Confirmation and send a copy along with the actual shipment.

We look forward to assisting you with Prior Notice and your other U.S. regulatory needs.

Sincerely,

Russell Statman
Executive Director

Registrar Corp assists businesses with U.S. FDA compliance. Registrar Corp is not affiliated with the U.S. Food and Drug Administration.

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Prior Notice

Post Mail Shipments

Complete one form for EACH different Recipient and fax the completed form(s) to the USA: +1-757-224-0179.

Sender Information

Company *or* Individual's Name: _____ FDA Registration # *(11 digits)*: _____

Physical Address: _____ City: _____

State/Region/Province: _____ Postal Code: _____ Country: _____

Contact Name: _____ Email: _____

Telephone: _____ Fax: _____

Consignee Information

Company *or* Individual's Name: _____ FDA Registration # *(11 digits)*: _____

Physical Address: _____ City: _____

State/Region/Province: _____ Postal Code: _____ Country: _____

Contact Name: _____ Email: _____

Telephone: _____ Fax: _____

Carrier Information

Carrier Name: _____ Shipment Date: _____

Product Description *(Include Addendum Form for more than 4)*	**Number of Cases**	**Net Weight per Case**	**Manufacturer Name, Physical Address, & FDA Registration** *(Leave blank if manufacturer is same as shipper.)*
1.			
2.			
3.			
4.			

Has any product listed above ever been refused entry to another country? ☐ Yes ☐ No
If yes, list the product number and countries of refusal: _____

By signing below, you: (I) affirm and warrant that the information stated above is accurate, truthful, genuine and current, and that such information will be updated as necessary, (ii) authorize the employees of the Registrar Corp to submit the above Prior Notice information to the U.S. Food and Drug Administration or other agency authorized by law, and (iii) agree to reimburse, indemnify, release and hold harmless Registrar Corp from and against any and all expenses, costs and claims, including but not limited to claims by third parties and governmental agencies, and related costs and attorneys' fees, whether such claims are alleged in tort, contract or under other law, arising out or in connection with this agreement or the transactions contemplated hereby.

By: _____ Title: _____
(Signature) *(For example, President, Vice President, General Manager, etc.)*

Print Name: _____ Date: _____

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Prior Notice
Product Addendum Form

Complete one Product Addendum Form for additional products as needed and fax the completed forms to the USA: +1-757-224-0179.

Shipment Information

Shipper Company Name: _____

Bill of Lading Number: _____ Expected Date/Time of Arrival to U.S.: _____

Product Description *(Include Product Addendum Forms as Needed)*	**Number of Cases**	**Net Weight per Case**	**Manufacturer Name, Physical Address, & FDA Registration** *(Leave blank if manufacturer is same as shipper.)*

Has any product listed above ever been refused entry to another country? ☐ Yes ☐ No
If yes, list the product and countries of refusal: _____

By signing below, you: (I) affirm and warrant that the information stated above is accurate, truthful, genuine and current, and that such information will be updated as necessary, (ii) authorize the employees of the Registrar Corp to submit the above Prior Notice information to the U.S. Food and Drug Administration or other agency authorized by law, and (iii) agree to reimburse, indemnify, release and hold harmless Registrar Corp from and against any and all expenses, costs and claims, including but not limited to claims by third parties and governmental agencies, and related costs and attorneys' fees, whether such claims are alleged in tort, contract or under other law, arising out or in connection with this agreement or the transactions contemplated hereby.

By: _____ Title: _____
(Signature) *(For example, President, Vice President, General Manager, etc.)*

Print Name: _____ Date: _____

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Prior Notice

Payment Form
Post Mail Shipments

This document serves as your payment voucher for Prior Notice fees.

Company Information:

Company Name: _____

Address: _____

City: _____ State / Province / Region: _____

Country: _____ Postal Code: _____

Phone: _____ Fax: _____

Amount to Purchase:

Description:	Unit Price:	Extension
☑ 1 Shipment *(Credit Card Payment Only)*	US $19.95	US $19.95
TOTAL		**US $19.95**

Choose From the Following Payment Options:

☐ ***Credit Cards:*** *For credit card payments, please complete the section below and* ***FAX*** *this completed form to the U.S.:* ***+1-757-224-0179***

Type of Card: ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

☐ ***Wire Transfer:*** *For payments by wire transfer, please FAX this completed form to the U.S.: +1-757-224-0179 and wire the amount shown below using the following bank information:*

Bank Name:	SunTrust Bank
Address:	Richmond, Virginia, USA
Beneficiary:	Registrar Corp
Swift Number:	SNTRUS3A
Routing Number (ABA Number):	061000104
Account Number:	1000013052369

☐ ***Checks:*** *Payments by check must be denominated in U.S. Dollars and drawn on a U.S. bank payable to: "Registrar Corp." For payment by check, please return the check to the address shown above.*

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