



APPLICATION FORM FOR DISPOSAL OF EXPIRED/DETERIORATED  
DRUGS, COSMETICS, HOUSEHOLD CHEMICAL SUBSTANCES OR  
MEDICAL DEVICE

1. Name of Company:.....

.....

2. Address:.....

.....

3. Location:.....

.....

Tel..... Fax.....

Email .....

4 .Contact Person.....

5. Position.....

6. Relevant Activity (please tick all that apply)

Manufacturer

Importer

Distributor

Retailer

Other (please specify) .....

7. Product Category

Drug

Cosmetic

Medical Device

Household Chemical Substance

8. Kindly provide information on the product by completing the table attached.

9. Provide information on condition of the product

