



FOOD AND DRUGS AUTHORITY

DOC. TYPE: REPORT

DOC NO.: FDA/OPD/FOR – 13

Page 1 of 6

Ver. No.: 02

Effective Date: 02/09/2024

TITLE: APPLICATION FORM FOR SAFE DISPOSAL

APPLICANT'S
CHECKLIST

FDA
CHECKLIST

CHECKLIST

- | | |
|---|--------------------------|
| <input type="checkbox"/> Covering Letter | <input type="checkbox"/> |
| <input type="checkbox"/> Signed Declaration | <input type="checkbox"/> |
| <input type="checkbox"/> Fully Completed Application Form | <input type="checkbox"/> |
| <input type="checkbox"/> Attached Inventory in the recommended format | <input type="checkbox"/> |
| <input type="checkbox"/> Evidence of Payment of Required Fees | <input type="checkbox"/> |



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A. PARTICULARS OF APPLICANT

1. Name of Company

.....

2. Postal Address

.....
.....

3. Location Address

.....
.....

Tel:

Fax:

E-mail:

4. Name of Contact Person

.....

5. Position:

6. Relevant Activity (please tick all that apply)

Manufacturer Importer

Distributor Retailer

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Other (please specify)

B. PARTICULARS OF THE PRODUCTS

7. Product Category:

- a. Food b. Drugs c. Household Chemical Substance
d. Medical Devices e. Cosmetic f. Investigational Products

g. Other (please specify):

8. Kindly provide information on the product(s) by completing the table attached. It should be submitted in both hardcopy and soft (excel format).

Declaration

I/We, the undersigned, hereby declare that all information contained herein is correct and true.

Name of Authorized Person:

Position:

Signature:



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Date:

Official Stamp:

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INVENTORY OF PRODUCTS FOR SAFE DISPOSAL

SNO	PRODUCT DESCRIPTION	BATCH NUMBER	QTY	UNIT COST	TOTAL AMOUNT	REASON FOR DISPOSAL
1	Eg. Vermox 500mg	xxxzyzz	2pkts	10.10	20.20	Expired
2						
3						

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