

DOC. TYPE: REPORT

DOC NO.: FDA/OPD/FOR - 13

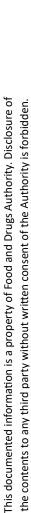
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Effective Date: 02/09/2024

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TITLE: APPLICATION FORM FOR SAFE DISPOSAL

APPLICANT'S	FDA
CHECKLIST	CHECKLIST
<u>CHECKLIST</u>	
Covering Letter	
Signed Declaration	
Fully Completed Application Form	
Attached Inventory in the recommended format	
Evidence of Payment of Required Fees	





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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
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

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



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