

**RENEWAL OF LICENSE FOR THE MANUFACTURE OF DRUGS,**

**COSMETICS, MEDICAL DEVICES AND HOUSEHOLD CHEMICAL**

**SUBSTANCES**

# A. PARTICULARS OF APPLICANT

Name of Company:…………………….………………………………

Postal Address: ………………………………………….….…………

Tel:...........................…………………..……………….Fax:……………………………………

E-mail………………………………………………………….……………...

Location Address: ………………………………………………………….……………...

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# B. DETAILS OF MANUFACTURE

Product sub-category (tick one or more boxes)

Active pharmaceutical ingredient

Non-sterile drug

Sterile drug

Herbal product

Homeopathic product

Sterile device

Non-sterile device

Cosmetic product

Household chemical substance

# ITEMS BEING MANUFACTURED

(Tick the appropriate box or boxes)

Tablets Aerosol Dispensed Medication

Capsules Powders (including oral and topical)

Ointments, non-sterile Medical gas

(including creams, jelly, paste)

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Liquids( including solutions, Chemical synthesis suspensions, elixirs, tinctures)

Sterile non-injectables Plant/Animal Extract

Suppositories Liquid for Oral use

Large volume parenterals Liquid for topical use

Small volume parenterals

Items not classified elsewhere

**D**. State any major change in manufacturing equipment or process

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# Declaration

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

Name of Authorized Person:…………………………………………………………

Position:………………………………………………………………………………….

Signature:………………………………………

Date:………………………………………….

Official Stamp: