

**APPLICATION FOR APPROVAL TO CHANGE THE REGISTERED PARTICULARS  
OF A REGISTERED PHARMACEUTICAL PRODUCT**

*Note: Please use one application form for one pharmaceutical product.*

Name of the registered pharmaceutical product:	HK registration number:
Active substance(s)/quantitative:	Dose form (if applicable):
Name and address of registration certificate holder:	
Telephone number:	Fax number:

*(Please tick the appropriate category of the change and, where appropriate, state the nature of the change. Supporting documents should be submitted separately.)*

1 Change in specifications of finished product		9 Change in name and/or address of the certificate holder	
2 Change in shelf-life		10 Change in/additional package size	
3 Change in storage condition		11 Change in name and quantity of excipients	
4 Change in label		12 Change in/additional indication	
5 Change in package insert		13 Change in/additional dosage recommendation	
6 Additional package insert		14 Change in route of administration	
7 Change in name and/or address of the manufacturer		Please indicate the implementation date (day/month/year) for the above change(s):	
8 Change in manufacturer			

State nature of change: <input type="checkbox"/> Change of label/package insert as requested by the Registration Committee of the Pharmacy and Poisons Board <input type="checkbox"/> Others (please specify)
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**DECLARATION OF APPLICANT**

I hereby declare that to the best of my knowledge and belief the information given in this application is correct and that all changes have been identified and are being applied for.

Signed \_\_\_\_\_

Company Seal \_\_\_\_\_

Signatory's Name \_\_\_\_\_  
in Block Letters

Date \_\_\_\_\_