

Renewal of Pharmaceutical Product Registration

(Note. Please use one form for one pharmaceutical product. You may photocopy this form.)

I wish to **renew / not renew***¹ of

_____ (HK- _____)
(Product Name) (Registration No.)

(*¹ please delete as appropriate)

For the purpose of renewal of registration of the above product, I enclosed :

- | | <u>Yes</u> * ² |
|--|---|
| 1. Certified true copy of the manufacturer's valid Good Manufacturing Practice (GMP) Certificate | <input type="checkbox"/> |
| 2. Complete master formula (except raw material) | <input type="checkbox"/> |
| 3. Finished product specifications | <input type="checkbox"/> |
| 4. Real-time stability test data to support the shelf life (separate set of data for each pack size to be renewed) | <input type="checkbox"/> |
| 5. Actual sales pack(s) (all pack sizes to be renewed) | <input type="checkbox"/> <u>N/A</u> * ² |
| 6. Package insert | <input type="checkbox"/> <input type="checkbox"/> (This product does not contain any product inserts) |
| 7. Copy of valid Business Registration Certificate | <input type="checkbox"/> |

(*² Please ✓ as appropriate)

Company Chop

Signature of person-in-charge

Date

(Name in Capital Letter)

(Contact Fax No.)

(Contact Telephone No.)

We are committed to providing quality client-oriented service