No. ---------------------

Date:-------------------

**Product Cancellation Application Form**

**Herbal& Dietary Supplement**

**&Medicated Cosmetic Unit**

**\*To be filled in by the applicant**

|  |  |
| --- | --- |
| Name of Agent: |  |
| Name of product: |  |
| Concentrate: |  |
| Pack Size: |  |
| Manufacturer: |  |
| MAH: |  |
| Registration number: |  |

**\*Reason for Cancellation**

|  |
| --- |
|  |

**\*For official use only**

|  |
| --- |
|  Agree Not Agree  Other : Specify please: Meeting no : Meeting date: **Dr. Aisha Al-Ansari***Chairperson, Herbal &Dietary Supplements Committee*  |