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

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

**Pharmaceutical Product Registration Cancellation Form**

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

|  |  |
| --- | --- |
| Name of Agent: |  |
| Name of Drug: |  |
| Concentrate: |  |
| Pack Size: |  |
| Manufacturer: |  |
| MAH: |  |
| Registration no.: |  |

**\*Reason for cancellation:**

|  |
| --- |
|  |

**\*For official use only**

|  |
| --- |
| Informed Cancelled from record Date of Cancellation  --------------------------  Pharmaceutical Product Registration Supervisor Cancelled from the record by  Signature. Signature. |