# Application form for Re-registration of Pharmaceutical Product

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| --- | --- |
| Agent name |  |
| Trade name |  |
| Active ingredient (s) / Strength |  |
| Dosage form |  |
| Pack size |  |
| Therapeutic uses |  |
| Shelf life |  |
| Storage conditions |  |
| MAH |  |
| Bulk manufacturer |  |
| Primary packager |  |
| Secondary packager |  |
| Batch releaser |  |
| API supplier (s) |  |
| Registration date at country of origin |  |
| Registration status in GCC |  |
| Registration status worldwide |  |

I acknowledged that the information recorded in the form are true and accurate

Representative signature:

Stamp: