

Our Ref:

Letter_API_(PPP)_V1

Head of Active Pharmaceutical Section
Centre of Product Registration
National Pharmaceutical Regulatory Agency
Ministry of Health Malaysia
Lot 36, Jalan Universiti
46730 Petaling Jaya, Selangor

SUBMISSION OF API INFORMATION FOR PRODUCT REGISTRATION APPLICATION

Product Name :
Call Number :
Active Pharmaceutical Ingredient :
API Manufacturer :
Product Registration Holder :
Product Category : NCE
: Prescription (Full Evaluation)
Submission Option : DMF
: ACTD
: CEP
(Please tick ✓)

With reference to the above product, we have made payment on _____ and would like to submit required documents as below:

- Complete S1 – S10 information (as Quest 3+) in CD Copy
 - A copy of Letter_API_(PKK)_V1, copied received by Lab Services Section, Center of Quality Control (Except for CEP option)
- (Please tick ✓)

For future correspondence, kindly contact person-in-charge for this application as stated at signature below.

Remarks (if any):

(Signature)

Name:

Designation:

Company Name:

Contact Number:

Email address:

Date: