

APPLICATION FOR RENEWAL OF REGISTRATION OF MEDICINES

M/s.....hereby apply for renewal of registration of the product specified below for sale/distribution in Bhutan.

Product Registration no:

Name of the product:

Date of Expiry of the Registration:

Product	Pack	Composition (With Strength)	Manufacturer

Declaration (please tick the boxes):

- ☐ I hereby declare that the documents submitted above/all information provided in the document above is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.
- ☐ I declare that I have read the regulation and I am fully aware that my application may be rejected if I do not fulfill the conditions or contravenes the provision(s) of the act and regulations made there under.

☐ If my application is granted, I shall abide by the Medicines Act and Regulations and any other standards set by the Authority.

Dated _____ Signature of applicant
With name and contact No.