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| --- | --- | --- | --- |
|  | **FOOD AND DRUGS AUTHORITY** | **DOC. TYPE: FORM** | |
| **DOC NO.: FDA/DRIDMS/AP-SPD** | |
| **PAGE 1 OF 6** | **REV NO.: 01** |
| **EFFECTIVE DATE-01/2019** | |
| **TITLE: APPLICATION FORM FOR SAFE DISPOSAL OF DRUGS, COSMETICS, HOUSEHOLD CHEMICALS, MEDICAL DEVICES AND** | | | |

APPLICANT'S FDA

CHECK LIST CHECK LIST

# INVESTIGATIONAL PRODUCTS

# 

CHECKLIST

Covering Letter

Signed Declaration

Fully Completed Application Form

Attached Inventory in the recommended format

Evidence of Payment of Required Fees

**APPLICATION FORM FOR SAFE DISPOSAL OF DRUGS, COSMETICS,**

# HOUSEHOLD CHEMICALS, MEDICAL DEVICES AND INVESTIGATIONAL PRODUCTS

## A. PARTICULARS OF APPLICANT

1. Name of Company: ……………….……………………………………………………….
2. Postal Address: ………………………………………….….…………

………………………

……………………………………………………………………………………………………

1. Location

Address: ……………………………………………………………………………….

…………………………………………………………………………………………………….

Tel: ...........................………………….……………….

Fax: ……………………………………

E-mail………………………………………………………….……………...............................

1. Contact Person: ……………………………………………………………………………….
2. Position: ………………………………………………………………………………………...

1. Relevant Activity (please tick all that apply)

Manufacturer Importer

Distributor Retailer

Other (please specify)………………………………………………….

## B. PARTICULARS OF THE PRODUCTS

7. Product Category:

1. Drugs b. Household Chemical Substance



c. Medical Devices d. Investigational Products

e. Cosmetic f. Other:

…………………………………………….

8. Kindly provide information on the product(s) by completing the table attached.

It should be submitted in both **hardcopy** and **soft** (*excel format*).

1. Product Description
2. Quantity
3. Unit Cost
4. Total Cost
5. Reason for disposal
6. Batch (*applicable to recalled SF products*)

## Declaration

I/We, the undersigned, hereby declare that all information contained herein is correct and true.

Name of Authorized Person:…………………………………………………………

Position:………………………………………………………………………………….

Signature:………………………………………

Date:………………………………………….

Official Stamp:

**INVENTORY OF PRODUCTS FOR SAFE DISPOSAL**

