**DEPARTMENT OF PHARMACEUTICAL SERVICES**

**For Official Use:**

**Log Ref. No.: ( \_\_)DRU/LogRegtn.Renewal/20\_\_**

**MINISTRY OF HEALTH**

**BRUNEI DARUSSALAM**

**LOG FOR THE APPLICATION FOR RENEWAL OF REGISTRATION OF MEDICINAL PRODUCTS**

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| **Name of Company :**  | **Date:**  |

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| **No.** | **Product Name and Strength** | **LOA-P/\_/ \_\_\_** | **Product Licence No(s):****BRU…………** | **FOR OFFICIAL USE**  |
| **Application Ref No.:****( )DRU/DRA.Renewal/20\_\_** | **Remarks**  | **Receipt No.:** |
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Note: The Application Ref. No. is to be used in all subsequent correspondences relating to the application.

Date Received (For Official Use):

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| **PROCESSING FEE DETAILS (For Official Use)** |
| **Total No. of Products Received** | **:** |  | **Total Amount to be Paid**  | **:** | **B$** |
| **Name & Signature of DRU Officer(s)** | **:** |  |
| **Name & Signature of Clerical Staff submitted to** | **:** |  |