**DEPARTMENT OF PHARMACEUTICAL SERVICES**

**For Official Use:**

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

**MINISTRY OF HEALTH**

**BRUNEI DARUSSALAM**

**LOG FOR THE APPLICATION FOR MINOR VARIATION NOTIFICATION (MiV-N) TO REGISTERED MEDICINAL PRODUCTS**

|  |  |
| --- | --- |
| **Name of Product Licence Holder :**  | **Date:**  |

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Product Name and Strength** | **Product Licence No.**  | **LOA-P/\_/ \_** | **Variation Code\*** | **FOR OFFICIAL USE**  |
| **Ref.(\_)/DRU/****MiV-N/20\_** | **Remarks** | **Receipt No.** | **Officer** |
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**\***Please indicate the variation code applied [refer to Appendix 5 – Types of variation of the ‘Guide to Application for Registration of Medicinal Products

 (4th Edition)’ e.g. MiV-N1, MiV-N2, etc.] If the variation is not listed, please provide the type of variation.

Date Received (For Official Use):

|  |
| --- |
| **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** | **:** |  |