

# Registering Pharmaceutical Product



**Cambodia**  
No. 176Z , Street 370,  
Phnom Penh, Kingdom of  
Cambodia

**Seychelles**  
Room 13, Oceangate House,  
P.O. Box 203,  
Victoria, Mahe, Seychelles

[info@pa-asia.net](mailto:info@pa-asia.net)  
[www.pa-asia.net](http://www.pa-asia.net)

**APPLICATION FORM FOR MARKETING AUTHORIZATION**

**A. DETAILS OF APPLICANT AND MANUFACTURER :**

- 1. Applicant's : .....
  - Name : .....
  - Address : .....
  - Phone : .....
  - Fax : .....
  - E-mail : .....
  
- 2. Manufacturer's\* : .....
  - Name : .....
  - Address : .....
  - Phone : .....
  - Fax : .....
  - E-mail : .....

\* = Manufacturer responsible for final batch release .

Other manufacturers :

Name & address Role\*\*

\*\* = e.g. "prepares semi-finished product", "packaging", "granulation", "manufactures bulk finished dosage form", "contract research organization", etc.

**B. DETAILS OF PRODUCT :**

- 1. Product Name :
  - Commercial name :
  - INN or Generic Name :
  - Dosage form and Strength :

2. Product Description :

3. Qualitative & Quantity formula :

Active ingredient :

Other ingredients :

**C. REQUESTED PHARMACEUTICAL CATEGORY :**

- Prescription :
- Without prescription :

D. INDICATION, POSOLOGY AND ROUTE OF ADMINISTRATION :

- Requested indication :
  
- Recommended posology :
  
- Recommended route of administration :

E. ATTACHED INFORMATION :

- GMP Certificate
- Certificate of a Pharmaceutical Product
- Registration Certificate in other countries (if available)
- Summary of product characteristics
- Technical documents :
  - i. Quality
  - ii. Safety
  - iii. Efficacy
  
- Samples :
  
  
- 2 Commercial boxes for registration purpose
  
  
- Registration fee

F. PACKING SIZE :

- Commercial packing :
  
  
- Hospital packing :

G. SHELF LIFE :

Date :

Title :  
Name :  
Signature :