

1.0	Applicant Details	
1.1	Status of applicant (chose one or more [√])	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Authorized representative <input type="checkbox"/> Importer
1.2	Full address and contact details (phone number, e-mail address) of the applicant	Click here to enter text.
1.3	Name of local responsible person (contact - phone, e-mail)	Click here to enter text.
2.0	Details of the Manufacturer	
2.1	Name of the Manufacturer	Click here to enter text.
2.2	Full address and contact details (phone number, email address) of the manufacturer	Click here to enter text.
3.0	Details of Medical Gas	
3.1	Brand name of medical gas	Click here to enter text.
3.2	Common name or Preferred name of medical gas	Click here to enter text.
3.3	Composition	Click here to enter text.
3.4	Type and appearance of the cylinder	Click here to enter text.
3.5	Capacity of the container	Click here to enter text.
3.7	Weight of product stored	Click here to enter text.
3.8	Pressure and /or concentration	Click here to enter text.
3.9	Intended use of the gas as stated by the manufacturer	Click here to enter text.
3.10	Storage condition (based on the properties of the gas)	Click here to enter text.
3.11	Standards in which the container comply with e.g CEN, ISO etc.	Click here to enter text.

3.12	Specifications	<i>Attach certificate(s) of analysis</i>
3.13	Other regulatory approval e.g. USFDA approval, CE marking	<i>Provide copy of relevant certificate/s of compliance</i>
Name of authorized person:		
Signature:		
Date:		
Stamp:		

CEN: European Committee for Standardization

ISO: International Standards

CE: European Conformity

USFDA: United States Food & Drugs Administration