



NOTIFICATION FORM FOR CLASS A MEDICAL DEVICE

TMDA/DMC/MDC/E/017

Rev #:01

INFORMATION ON MEDICAL DEVICES

Name of the Importer: _____

Address: _____

Telephone: _____ Email: _____

S/N	Brand name	Common name	Intended use of the device	Manufacturer's name	Manufacturing site address
1.					
2.					
3.					

Name of authorized person: _____

Signature: _____ Date: _____

Stamp: _____

Approved by MMDC (Signature):

Effective date: 17/04/2020