



**APPLICATION FOR REGISTRATION
OF RENEWAL OR RE-EVALUATION OF
ANTISEPTICS AND DISINFECTANTS**

Registration Number	
Date of submission of the dossier	
Number of files	
Name of Assessor	
Date of Assessment	
Outcome of the assessment	
1.0 ADMINISTRATIVE INFORMATION	
1.1	Type of the product application (tick as appropriate) Antiseptic <input type="checkbox"/> Disinfectant <input type="checkbox"/> Medicated Soap <input type="checkbox"/>
1.2	Proprietary Name of the product
1.3	Generic name of the product
1.4	Name and strength of active substance(s)
1.5	Name and address (physical and postal) of Applicant
(Company) Name: Address: Country: Telephone: Telefax: E-Mail:	
1.5.1	Form of the product: <input type="checkbox"/> Solution <input type="checkbox"/> Suspension <input type="checkbox"/> Gel <input type="checkbox"/> Aerosol <input type="checkbox"/> Emulsion <input type="checkbox"/> Gaseous <input type="checkbox"/> Powder <input type="checkbox"/> Bar <input type="checkbox"/> Tablet <input type="checkbox"/> Cream <input type="checkbox"/> Others – specify....
1.5.2	Intended use:
1.6	Packing/pack size:
1.7	Visual description
1.8	Proposed shelf life (in months):
1.8.1	Proposed shelf life (after reconstitution or dilution):
1.8.2	Proposed shelf life (after first opening container):
1.8.3	Proposed storage conditions:
1.8.4	Proposed storage conditions after first opening:
1.9	Country of manufacture:
1.10	Name(s) and physical address (es) of the manufacturing site of the finished product.



**APPLICATION FOR INFORMATION
OF REVISIONS TO THE REGISTRATION OF
CONSISTENT DISINFECTANTS**

Company name:
Physical address:
Postal address:
Country:
Telephone:
Telefax:
E-Mail:

2.0 VARIATIONS

2.1	Changes made to the product
2.2	Description of the changes
2.3	Justification for changes

3.0 DECLARATION BY AN APPLICANT

I, the undersigned certify that all the information in this form and accompanying documentation is correct, complete and true to the best of my knowledge.
It is hereby confirmed that fees will be paid/have been paid according to the TFDA fees and regulation
Name:
Position in the company:.....
Signature:
Date:.....
Official stamp:.....

* Note: If fees have been paid, attach proof of payment