

APPLICATION FOR THIRD-PARTY REGISTRATION**For Office Use Only**

Application #:

Cheque # - Filing :

Reg./Code #:

Reg. :

1. Name and Address Of the Application	<input type="text"/>
2. Common Name	<input type="text"/>
3. Strength	<input type="text"/>
4. Type of Formulation	<input type="text"/>
5. Use Category	<input type="text"/>
6. Name and Address Of the Original Registrant	<input type="text"/>
7. Registration Number Assigned for the Original Registration	<input type="text"/>
8. Date of Expiry of Original Registration	<input type="text"/>
9. Name and Address of The Manufacture of Active Ingredient	<input type="text"/>
10. Name and Address of The Formulator	<input type="text"/>

11. Name and Address of
The Supplier

I hereby Certify That The Particulars given in the Above Items 2-11 are True and Correct.
I authorize Issuing a Third Party Registration to the Above Applicant, on the strength of my
registration, With Following Conditions (if any);

.....
Date:

.....
Signature of the Holder of
Original Registration

12. Trade Name

13. Container Types & Sizes

14. Do You Already Hold a Valid Registration For the Proposed Formulation for Another Source:
Yes/NO

If 'Yes'
Registration Number:

Following Items are also Submitted along with the Application;
(Please "X", Where Applicable)

Label in Duplicate

Specimen Containers

Application and Registration Fees

.....
Date

.....
Signature of the Application