# APPEAL FOR REGISTRATION OF REJECTED MEDICINAL PRODUCTS

# (Form No: BDMCA/DPS/Appeal/01)

To:

Chairperson of Brunei Darussalam Medicines Control Authority

Ministry of Health

Commonwealth Drive BB 3910

Bandar Seri Begawan

Brunei Darussalam

**I wish to appeal for registration of the following medicinal product in Brunei Darussalam.**

|  |  |
| --- | --- |
| Date of Rejection  |  |
| Application No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| L | O | A | - | P | / |  |  | / | S |  |  |  |  |  |  |  |

 |
| Name of Product  |  |
| Active Ingredient(s)  |  |
| Proposed Indication(s)  |  |
| Proposed Dosage Regimen(s)  |  |
| Countries where product is registered with the above indication(s) and dosage regimen(s) |  |
| Countries where product is rejected/withdrawn |  |
| Reasons for appeal |  |
| Documents submitted to support appeal |  |

***Note: Only appeals accompanied by relevant new information or supporting documents not previously submitted will be considered. Appeal must be done within 30 calendar days from date of rejection, otherwise a new application is required to be submitted.***

|  |  |
| --- | --- |
| Name of applicant |  |
| Designation |  |
| Name and address of company  |  |
| Contact number |  |
| Signature, date & company Stamp  |  |