**DEPARTMENT OF PHARMACEUTICAL SERVICES**

**For Official Use:**

**Log Ref. No.: (\_\_\_\_\_)/DRU/Log.Vartn/20\_\_**

**MINISTRY OF HEALTH**

**BRUNEI DARUSSALAM**

**LOG FOR THE APPLICATION FOR MINOR VARIATION NOTIFICATION (MiV-N) TO REGISTERED MEDICINAL PRODUCTS**

|  |  |
| --- | --- |
| **Name of Product Licence Holder :** | **Date:** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Product Name and Strength** | **Product Licence No.** | **LOA-P/\_/ \_** | **Variation Code\*** | **FOR OFFICIAL USE** | | | |
| **Ref.(\_)/DRU/**  **MiV-N/20\_** | **Remarks** | **Receipt No.** | **Officer** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**\***Please indicate the variation code applied [refer to Appendix 5 – Types of variation of the ‘Guide to Application for Registration of Medicinal Products

(4th Edition)’ e.g. MiV-N1, MiV-N2, etc.] If the variation is not listed, please provide the type of variation.

Date Received (For Official Use):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROCESSING FEE DETAILS (For Official Use)** | | | | | |
| **Total No. of Products Received** | **:** |  | **Total Amount to be Paid** | **:** | **B$** |
| **Name & Signature of DRU Officer(s)** | **:** |  | | | |
| **Name & Signature of Clerical Staff submitted to** | **:** |  | | | |