

**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Countries where product is rejected/withdrawn	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	