



FACILITY STATUS VERIFICATION FORM

1. Name of Applicant.....

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2. Address of Applicant.....

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3. Name of Manufacturer.....

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4. Address of Manufacturer.....

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5. Products for Registration.....

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6. Product Class(es) (Please tick the relevant box(es))

Human Drugs Human Biologics Cosmetics Medical
Devices

Food Products Vet. Drugs Pesticides Agrochemicals