

**MINISTRY OF HEALTH**

**Pharmacy and Poisons Board**

FORM 6 (r. 11(3))

NOTICE OF INTENTION TO WITHDRAW THE REGISTRATION OF A HEALTH PRODUCT OR TECHNOLOGY

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | | Month | | | | Year | | |
|  | | |  | | | |  | | |
| TYPE OF MEDICAL PRODUCT OR HEALTH TECHNOLOGY | | | | | | | | | |
|  |  | |  | | |  | |  | |
| Human health product | Veterinary health product | | Herbal product | | | Parallel product | | Medical device | |
| PRODUCT DETAILS | | | | | | | | | |
| Certificate of registration No. | | | | |  | | | | |
| Name of product | | | | |  | | | | |
| Strength | | | | |  | | | | |
| Dosage/pharmaceutical form | | | | |  | | | | |
| Certificate of registration holder | | | | |  | | | | |
| DETAILS OF CONTACT PERSON | | | | | | | | | |
| Name | | | |  | | | | | |
| Address | | | |  | | | | | |
| Telephone No. | | | |  | | | | | |
| E-Mail Address | | | |  | | | | | |
| REASON FOR WITHDRAWAL | | | | | | | | | |
|  | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| Date | | Name | | | | | | | Signature |
|  | |  | | | | | | |  |