

**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  |
|  |   |   |