

- ☐ Medicinal Product
- ☐ Application Form for Change in Medical Device Registration
- ☐ Cosmetics

Recipient	Food and Drug Administration, Ministry of Health and Welfare	Date of Application	_____(mm)_____(dd)_____(yyyy)
		Document No.	
Product name:		License No.:	No.
Matter(s) originally approved and registered		Matter(s) to be changed	
Reason(s)			
Name(s) of attachment(s)			

Name of pharmaceutical company:	(Stamp)
Responsible person:	(Stamp)
Address:	
Telephone:	Pharmacist:

Notes for filling out the application form

- I. Please fill out one copy of the form per application and deliver (send) it to the Food and Drug Administration, Ministry of Health and Welfare.
- II. The "Date of Application" and "Document No." are to be filled in by the applicant. "Document No." may be omitted when the document is not numbered.
- III. "Matter(s) originally approved and registered" refers to the matter(s) that were approved and registered but for which change is proposed (including license number) (medicament name).

- IV. “Reasons” shall be clearly described. If there are relevant laws or regulations, please cite the laws or regulations.
- V. Please specify the "Name(s) of attachment(s) and number of attachment(s)".