Form: **VIIa-PRC**
Regulation Section: **44 (a)**

APPLICATION FOR POST REGISTRATION CHANGES OF MEDICINES

I/we ……hereby apply for post registration of the product as per the Product Registration guideline for the product below:

Product registration number:

Name of the product:

Proposed Changes (*Circle the appropriate changes*):

a. Shelf life or stability data,
b. Packaging specification and pack sizes,
c. Dosage regimen,
d. Additional indication and target species,
e. Price structure,
f. Market authorization holder and/or
g. other minor changes(*Please specify the details*)

Name of the Market Authorization Holder:

Declaration (please tick the boxes):

☐ I hereby declare that the documents submitted above/all information provided is true to my knowledge and will be liable for any consequences if any information provided is proved to be false or misleading.

☐ If my application is granted, I shall abide by the Medicines Act and Medicines Regulations and any other standards set by the Authority.

Signature of applicant: ……

Name: ……

Address: ……

Date: …….....