

Annex I

For official use only

Application number:

Application for “Letter of Notification” of non- medical face mask

Details of the applicant			
1.Name of the applicant			
2.Address of the applicant	Office address		
3.Contact numbers	Residential		
	Mobile		
	E mail		
4. NIC Number			
5. Type of business	For Local market only <input type="checkbox"/>		
	For Export market only <input type="checkbox"/>		
	For local and export market <input type="checkbox"/>		
Details of the product			
6.Name of the product			
7. Brand name (if any)			
8. Type of material	100% Cotton <input type="checkbox"/> 100% Linen <input type="checkbox"/> Non- woven <input type="checkbox"/>		
Details of the manufacturing site			
09. Site address		Province	
		District	

10. Machinery use for production	Type of machine/s	
	Number if machines	

Make sure following documents are annexed with the application [tick (√)appropriately]

Annex I – Finished product test report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annex II – Material confirmation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annex III – Product label	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annex IV- Colour photograph of the product (mask)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annex V- Colour photograph of a commercial pack	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annex VI – Copy of Business Registration	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration of the applicant

I,, the undersigned, hereby declare that all the information submitted with this application is true and correct and certify that all documents annexed in support of this application are accurate and correct.

I agree to provide any further information and documents requested by the National Medicines Regulatory Authority, which is required for processing of this application and, facilitate any requests by the National Medicines Regulatory Authority for inspection of premises and/or records. I also agree to provide samples of product(s) required for evaluation and/or analysis.

I further declare that I take full responsibility for all consequences, which might arise from false or erroneous information submitted in the application and that I will cooperate with any official of the National Medicines Regulatory Authority for any such investigations relevant to the application.

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Signature of the applicant

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Date