



STABILITY STUDY SUBMISSION REQUEST

Applicant Name:					
Manufacturer:					
Email					
Telephone No.					
Requests Product Name(s): (Max. 4 products/week)					
License Type:	<i>Local</i>	Toll	Imported	Under License	Export
Type of the Product	Human	Veterinary	Dietary Supplement	Cosmetics	Biological
	New Reg.	Old Reg.			
Answering					

Remarks

- Mark (√) on license type and product type.
- This application must be computerized.
- The recedes must be attached.