

(Appendix 1)
Request For Appointment To Apply For Registration
Of biocidal product(insecticides)

Company Details:

| | manufacturer | applicant |
|----------|--------------|-----------|
| Name: | | |
| Address: | | |
| E-mail: | | |

Person in charge:

| | |
|------------|--|
| Name: | |
| Telephone: | |
| E-mail: | |

product Information:

| | |
|-----------------------|---|
| Product Name: | |
| Active Ingredient: | |
| Type of registration: | <input type="checkbox"/> Imported (finished product) <input type="checkbox"/> Imported (bulk) <input type="checkbox"/> local (formulated) <input type="checkbox"/> Local (under license) |

Product Type with respect to usage:

| |
|---|
| <input type="checkbox"/> 1- public health: |
| <input type="checkbox"/> 2-household products: |
| status of application: |
| <input type="checkbox"/> 1- first time application |
| <input type="checkbox"/> 2-received previous approval |
| File number : |
| Approval date: |

*This is a draft version liable for modification until publishing the final document.