

(Appendix 1)
Request For Appointment To Apply For Registration
Of Biocidal Product(antiseptic &disinfectant)

Company Details:

	manufacturer	applicant
Name:		
Address:		
E-mail:		

Person in charge:

Name:	
Telephone:	
E-mail:	

product Information:

Product Name:

Active Ingredient(s):

Type Of Registration:	<input type="checkbox"/> Local.	<input type="checkbox"/> Toll.	<input type="checkbox"/> Imported.
	<input type="checkbox"/> Under license.	<input type="checkbox"/> Bulk.	<input type="checkbox"/> Toll / Under License.

Product Type(s) with respect to usage:

- 1-antiseptics:**
- 1.1. Personal use**
 - 1.1.1-Personal Domestic use.
 - 1.1.2- Personal Commercial use.
 - 1.2. Professional use**
 - 1.2.1- Professional Healthcare Use.
 - 1.2.2- Food Premises.
- 2- Disinfectants:**
- 2.1. Critical use.
 - 2.2. Semi-critical use.
 - 2.3. Non-critical use.

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