

**TECHNICAL AND ADVISORY COMMITTEE ON BIOLOGIC  
DEPARTMENT OF VETERINARY SERVICES  
MINISTRY OF AGRICULTURE AND AGRO-BASED INDUSTRY  
WISMA TANI, PODIUM BLOCK 4G1, PRECINT 4  
FEDERAL GOVERNMENT ADMINISTRATIVE CENTRE  
62630 PUTRAJAYA  
MALAYSIA**  
(Tel: 03-88702000 & Fax: 03-88886472)

For official use	
Reference No.	

**OFFICIAL FORM FOR SUBMISSION OF DOSSIER / DOSSIER CHECK LIST  
FOR REGISTRATION OF ANIMAL BIOLOGICS (EXCLUDING VACCINE) AND  
DIAGNOSTIC TEST KITS IN MALAYSIA**

Before filling in this form and submitting an application, applicants should read “Procedures For Registration of Veterinary Biologics (Excluding Vaccine) / Diagnostic Test Kits For Animal Use in Malaysia”

<b>1.1 NAME OF PRODUCT</b>

<b>1.2 NAME OF THE ORGANISATION MAKING THIS APPLICATION</b>	
Name	
Address	
Phone	
Fax	
E-mail	

<b>1.3 NAME AND CONTACT DETAIL OF THE PERSON WHO WILL DEAL WITH THIS APPLICATION</b>	
Contact person	
Job title	
Organisastion <i>(If different from 1.2)</i>	
Address <i>(If different from 1.2)</i>	
Phone	
Fax	
E-mail	

<b>1.3 DETAIL OF PRODUCER OF THE PRODUCT (if different from 1.3)</b>	
Organisation	
Address	
Phone	
Fax	
E-mail	

**1.4 ACCREDITATION OR CERTIFICATION STATUS OF PRODUCER / MANUFACTURER (please tick /)**

<input type="checkbox"/>	OIE Quality Standard
<input type="checkbox"/>	GLP/GMP
<input type="checkbox"/>	Others (Specify):

<input type="checkbox"/>	ISO/IEC 9000 Series
<input type="checkbox"/>	ISO/IEC 17025

**1.5 DECLARATION AND SIGNATURE**

We, *(Please add name)*.....

Hereby declare that we have read and will adhere to the “Procedures For Registration of Veterinary Biologics (Excluding Vaccine) / Diagnostic Test Kits For Animal Use in Malaysia” and that we aware of all its terms and condition.

We hereby declare that all information contained in this application form and all documentation submitted further in support of the application form are true and complete in all respect.

We understand and agree that any misrepresentation of the information furnished in this form will result in the automatic end of the procedure or revocation of the potential certification obtained.

**Signature** *(company representative or local agent)*

.....  
Name:

Company Stamp

Date: