**China DMF Application Inquiry Form**

( For Pharmaceutical Excipient )

Rpt Date:       No.

|  |  |  |
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| \*Applicant Company : | | |
| \*Address: | | Country: |
| \*Manufacturer : | | |
| Address : | | Country: |
| \*Contact Person : | Tel : | Fax : |
| \*Mobile Phone: | Web Site： | \*E-mail: |

Note: the \* items are required information;

|  |  |  |  |
| --- | --- | --- | --- |
| \*Product name: |  | | |
| Specification: |  | Trade Mark |  |
| \*Chemical Name: |  | | |
| \*Chemical Code | CAS No. :       UNII No. :       EINECS No. : | | |
| Application situation | New Excipient  Change the route of administration or increase the use limit Used overseas, not used in China  Used in China Other: | | |
| \*Proposed route of administration: | Injection Inhalation Eye Local and Sublingual Transdermal Oral Other | | |
| \*Ingredients Source: | Animals or humans Minerals Plants Chemical synthesis Other: | | |
| Component: | Single excipient Pre-mixed excipient Co-processed excipient Other: | | |
| Quality standards | USP-NF EP BP JP CP Other: | | |
| DMF Register No. | US DMF No. :       EU EDMF No. :       Other DMF No. :       Country: | | |
| Other Description: | | | |

We declared that the above information given by us is true and correct..

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| **Signature of Applicant：** |  | **Inquiry Date：** |  |

The above content is filled in by the applicant. The following quotation is filled in by RJS.`