**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;

|  |  |
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| \*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.`