

# Application Form For Registration of a Homeopathic Medicinal Product

Application No.:  Date:   
*For office use only* *For office use only*

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Product (Labelled) Name:

Principal Company Name:

Country  City

Manufacturer Name: *(If different from the principal company)*

Country  City

Registration in U.A.E.:      number       date

Principal Company Name:

Emirate  City

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**Note:** *If there are more than one manufacturer, complete page 2 of this application*

**Manufacturer sites details:** *if there are more than two manufacturers attach additional copies of this page*

**\*\* Manufacturer 1**

**Manufacturer's  
business Name:**

|  |
|--|
|  |
|  |

**Manufacturer's  
site address**

|  |
|--|
|  |
|  |

**Step(s) in manufacture**

|  |
|--|
|  |
|  |

**GMP Certificate &  
Letter of relation**

**attached**

**not attached**

**\*\* Manufacturer 2**

**Manufacturer's  
business Name:**

|  |
|--|
|  |
|  |

**Manufacturer's  
site address**

|  |
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|  |
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**Step(s) in manufacture**

|  |
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|  |
|  |

**GMP Certificate &  
Letter of relation**

**attached**

**not attached**

## Part A

### **Single remedies:**

1. **Product (Labeled) Name** *(should be pharmacopieal name)*

2. **Latin Name**

3. **English Name**

4. **Vehicle used:**

5. **Alcohol content in the finished product** *(if applicable):*

6. **Reference Pharmacopoeia**

7. **Potencies**

Stock's potency (MT or GM)

Minimum potency of the finished product

8. **Pharmaceutical Dosage Form**

9. **Route of Administration**

10. **Dispensing Mode in C.O.O**

*If applicable, fill-in the following table:*

|                              |  |
|------------------------------|--|
| <b>OTC potency</b>           |  |
| <b>R<sub>x</sub> potency</b> |  |

|             |  |
|-------------|--|
| HPN potency |  |
|-------------|--|

**Part B**

**Homeopathic Specialty (Multi-ingredients):**

11. Product (Labelled) Name:

12. Dosage form:

13. Route of Administration:

14. Dispensing mode in the country of origin

15. Alcohol in the finished product (*if applicable*):

16. Homeopathic Active Principles:



Name & Pharmacopoeia used

Plant or Animal Part

Scientific or Latin Name

English Name

Vehicle used

Potency

Quantity

Unit

Per



Name & Pharmacopoeia used

Plant or Animal Part

Scientific or Latin Name

English Name

Vehicle used

Potency

Quantity

Unit

Per

|                                      |                             |                 |             |
|--------------------------------------|-----------------------------|-----------------|-------------|
| <b>Vehicle used</b>                  | <b>Potency</b>              | <b>Quantity</b> | <b>Unit</b> |
|                                      |                             |                 |             |
| <b>Name &amp; Pharmacopoeia used</b> | <b>Plant or Animal Part</b> |                 |             |

|  |                                 |  |                     |
|--|---------------------------------|--|---------------------|
|  | <b>Scientific or Latin Name</b> |  | <b>English Name</b> |
|--|---------------------------------|--|---------------------|

|                     |                |                 |             |     |  |
|---------------------|----------------|-----------------|-------------|-----|--|
|                     |                |                 |             | Per |  |
| <b>Vehicle used</b> | <b>Potency</b> | <b>Quantity</b> | <b>Unit</b> |     |  |

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|                                      |                             |
|--------------------------------------|-----------------------------|
|                                      |                             |
| <b>Name &amp; Pharmacopoeia used</b> | <b>Plant or Animal Part</b> |

|  |                                 |  |                     |
|--|---------------------------------|--|---------------------|
|  | <b>Scientific or Latin Name</b> |  | <b>English Name</b> |
|--|---------------------------------|--|---------------------|

|                     |                |                 |             |     |  |
|---------------------|----------------|-----------------|-------------|-----|--|
|                     |                |                 |             | Per |  |
| <b>Vehicle used</b> | <b>Potency</b> | <b>Quantity</b> | <b>Unit</b> |     |  |

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|                                      |                             |
|--------------------------------------|-----------------------------|
|                                      |                             |
| <b>Name &amp; Pharmacopoeia used</b> | <b>Plant or Animal Part</b> |

|  |                                 |  |                     |
|--|---------------------------------|--|---------------------|
|  | <b>Scientific or Latin Name</b> |  | <b>English Name</b> |
|--|---------------------------------|--|---------------------|

|                     |                |                 |
|---------------------|----------------|-----------------|
|                     |                |                 |
| <b>Vehicle used</b> | <b>Potency</b> | <b>Quantity</b> |

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|                                      |                             |
|--------------------------------------|-----------------------------|
|                                      |                             |
| <b>Name &amp; Pharmacopoeia used</b> | <b>Plant or Animal Part</b> |

|  |                                 |  |                     |
|--|---------------------------------|--|---------------------|
|  | <b>Scientific or Latin Name</b> |  | <b>English Name</b> |
|--|---------------------------------|--|---------------------|

|                     |                |                 |             |     |  |
|---------------------|----------------|-----------------|-------------|-----|--|
|                     |                |                 |             | Per |  |
| <b>Vehicle used</b> | <b>Potency</b> | <b>Quantity</b> | <b>Unit</b> |     |  |

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|                                      |                             |
|--------------------------------------|-----------------------------|
|                                      |                             |
| <b>Name &amp; Pharmacopoeia used</b> | <b>Plant or Animal Part</b> |

**Part C**

**This part may be completed for both Homeopathic Single Remedies and Specialities, where applicable.**

**17. Excipients:** *(Separate sheet may be attached)*

|             |                 |              |            |  |
|-------------|-----------------|--------------|------------|--|
| <b>Name</b> |                 |              |            |  |
|             |                 |              | <b>Per</b> |  |
|             | <b>Quantity</b> | <b>Units</b> |            |  |

|             |                 |              |            |  |
|-------------|-----------------|--------------|------------|--|
| <b>Name</b> |                 |              |            |  |
|             |                 |              | <b>Per</b> |  |
|             | <b>Quantity</b> | <b>Units</b> |            |  |

|             |                 |              |            |  |
|-------------|-----------------|--------------|------------|--|
| <b>Name</b> |                 |              |            |  |
|             |                 |              | <b>Per</b> |  |
|             | <b>Quantity</b> | <b>Units</b> |            |  |

|             |                 |              |            |  |
|-------------|-----------------|--------------|------------|--|
| <b>Name</b> |                 |              |            |  |
|             |                 |              | <b>Per</b> |  |
|             | <b>Quantity</b> | <b>Units</b> |            |  |

|             |                 |              |            |  |
|-------------|-----------------|--------------|------------|--|
| <b>Name</b> |                 |              |            |  |
|             |                 |              | <b>Per</b> |  |
|             | <b>Quantity</b> | <b>Units</b> |            |  |

|             |                 |              |            |  |
|-------------|-----------------|--------------|------------|--|
| <b>Name</b> |                 |              |            |  |
|             |                 |              | <b>Per</b> |  |
|             | <b>Quantity</b> | <b>Units</b> |            |  |

|             |  |  |  |
|-------------|--|--|--|
| <b>Name</b> |  |  |  |
|-------------|--|--|--|

|          |       |     |  |
|----------|-------|-----|--|
|          |       | Per |  |
| Quantity | Units |     |  |

**18. Type of container:**

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|  |
|  |

**19. Description of Container and closure (optional)**

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**20. Shelf life & Storage conditions:**

Shelf life: 



 Month(s)      Storage temperature:

Storage conditions:

|  |
|--|
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**21. Packaging of the Product:** *(Add separate sheet if there are more pack sizes)*

|   |  |
|---|--|
| <b>Outer pack</b>                           |  |
| <b>Container</b>                            |  |
| <b>Number of containers</b>                 |  |
| <b>Quantity per container</b>               |  |
| <b>Type of container:</b>                   |  |
| <b>Shelf Life</b> <i>(months)</i>           |  |
| <b>Storage Temperature</b> <i>(Celsius)</i> |  |
| <b>Storage Conditions</b>                   |  |

**22. Indications:**

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**23. Dosage & Direction of Use:**

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**24. Special Precautions:**

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**Name of the authorized person of the Company**

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|--|

**Signature of the authorized person**

|  |
|--|
|  |
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**Company Official Seal**

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**FOR OFFICE USE ONLY**

**Complete dossier:** Yes  No

**Checked by:**

**signature**

**Comments:**


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|  |

**Section's Head Comment**

|  |
|--|
|  |
|  |



**Section's Head signature**

A large, empty rectangular box with a thin black border, intended for a signature.