**TEMPLATE B**

*(Submit in both hard copy and soft copy in .docx format)*

|  |
| --- |
| **PRINCIPAL PRODUCT AND/OR IDENTICAL DRUG PRODUCT***Insert additional rows if needed.* |
| # | **TYPE** | **REG. NO.** | **BRAND NAME***Otherwise, type “None”.* | **MARKETING AUTHORIZATION HOLDER (MAH)** | **COMPLETE ADDRESS OF MAH** | **LTO ACTIVITY** | **LTO VALIDITY** | **CONTACT DETAILS***Encode telephone/mobile number/s and/or e-mail address/es* |
|  | *Choose an item.* | …… | …… | …… | …… | *Choose an item.**Click or tap here to enter the activity/ies if not included above.* | *Click or tap to enter a date.* | …… |
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