**TEMPLATE B**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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* |
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