

Annex C Verification Portal Request Form

Request for Correction/Addition of Entries

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Verification Portal Request Form

All information requests will be verified by concerned Centers.
If you have more than 1 request for correction/ addition, kindly fill out another form.

* Required

1. Email *
2. Full Name *
3. Company Name *
4. Designation / Position *
5. Type of Issuance for Correction/Inclusion *
6. Center / Office *
 - Center for Cosmetics, Household Urban Hazardous Substances Regulation and Research
 - Center for Device Regulation, Radiation Health and Research
 - Center for Drug Regulation and Research
 - Center for Food Regulation and Research
 - Common Services Laboratory

7. Full Name of the Establishment / Product *

Enter your answer

8. Issuance Date *

Please input date (M/d/yyyy)



9. Expiry Date *

Please input date (M/d/yyyy)



10. Request for Action *

- Inclusion of Establishment / Product in the Registry
- Change of Establishment / Product in the Registry

11. Kindly indicate your detailed request here *

Enter your answer

12. Registration Number

Enter your answer

You can print a copy of your answer after you submit

Submit

Never give out your password. [Report abuse](#)