UNITED ARAB EMIRATES

MINISTRY OF HEALTH

دولة الإمارات العربية المتحدة
وزارة الصحة

RECEIPT FOR SUBMISSION OF REGISTRATION DOSSIER

MEDICAL DEVICE PRODUCT

Local Distributor Name & City	
Contact Person	
Tel:	
Email:	
Store Licence No. & Validity	
Device Name	
Dosage Form	
Strength	
Pack Size(s)	
MAH for the U.A.E.: Name & Country	
Batch Releaser (Manufacturer) : Name & Country	

The presented dossier is verified according to regulation and is

Received ☐ ***Conditionally received*** ☐ ***Rejected*** ☐

Reason(s) for conditional receipt or rejection

Important: *The dossier completion should be within 3 months from the date of submission failing which will entail dossier rejection and the contact person should withdraw the file upon notice.*

Pre-registration Analysis:	***Exempted***		***Not Exempted***	
Received by				
Signature		Date		
Receipt No.	**MD / /200**			