

Use one form per medicine or per DIN

Page ___ of ___

Please Specify Original Filing or Amendment to Original Filing

1 REPORTING PERIOD

Period to which the
information applies:

FROM			
Y	M	D	

TO			
Y	M	D	

2 NAMES OF THE MEDICINE

Brand name of the medicine

Generic name of the medicine

3 REPORTING PATENTEE or FORMER PATENTEE

Patentee Name

Patentee Address

CERTIFIED BY: (in accordance with Section 7 of the *Patented Medicines Regulations*)

I hereby certify that the information presented is true and correct.

Signature of reporting patentee,
former patentee or its corporate officer:

Title:

Date:

Tel. Number: () - Fax Number : () -

E-mail: _____

