



To the Board mentioned in article 5 of the National Ordinance on Pharmacy
c/o Inspectorate of Public Health, Curaçao.

..... 1): 2)
The undersigned, 3)
..... 4) submits to the Board for
evaluation and registration purposes the dossier on
..... 5)
.....
.....
..... 6)
which pharmaceutical product is manufactured by:.....
.....
..... 7)
.....
..... 8)
..... 9)

Please fill out this form:

- 1) City, country from which application was sent;
- 2) Date (day/month/year) of application;
- 3) Name of applicant;
- 4) address of applicant;
- 5) name of medicine;
- 6) dosage form of medicine;
- 7) name of the company where manufacture takes place or will take place;
- 8) complete address of company; where manufacture takes place or will take place
- 9) signature of applicant