

**DEPARTMENT OF PHARMACEUTICAL SERVICES
MINISTRY OF HEALTH
BRUNEI DARUSSALAM**

DPS/CU_Not/Amendment/01

AMENDMENT TO A COSMETIC PRODUCT NOTIFICATION

For guidance, please refer to the section on amendment to Cosmetic Product Notification in the Department of Pharmaceutical Services "Guideline for Notification of Cosmetic Products in Brunei Darussalam".

Sections A, B, and C must be completed by the responsible person/company who wish to submit an amendment to a Cosmetic Product Notification. Sections D, E and F are further sections that need to be filled in by the responsible person/company where applicable.

Section A - Details of Cosmetic Product Notification

Submission Ref. No.: (For official use only)	Cosmetic Product Notification No.:	Validity Date:
Product Name:		
Name & Address of Company:		Tel. No.:
		Fax. No.:
Full Name of Responsible Person:		Designation:
Signature of Responsible Person:		Date:

Section B - Type of Amendment (Please tick ✓ the appropriate boxes)

No.	Change(s) involved:	
1.	Name and/or address of the company without change of distribution rights	<input type="checkbox"/>
2.	Particulars of responsible person representing the company	<input type="checkbox"/>
3.	Product presentation	<input type="checkbox"/>
4.	Others	<input type="checkbox"/>
	Please specify:	

Section C - Expected Effective Date of Amendment

Expected effective date:	
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For changes involving no. 1, please proceed to Section D.
For changes involving no. 2, please proceed to Section E.
For changes involving no. 3, 4, 5 please proceed to Section F.

Section D - Details of Current and New Company

Particulars	Current	New
Company Name		
Office Address		
Store Address		
Telephone No.		
Fax. No.		
Email Address		

Section E - Details of Current and New Responsible Person Representing the Company

Particulars	Current	New
Full Name		
Designation		
Signature & Date		
Company Stamp		

Section F - Product Presentation

Please specify the amendment to the cosmetic product notification:	
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SECTION G - RECEIPT OF AMENDMENT TO A COSMETIC PRODUCT NOTIFICATION
(For official use only)

COSMETIC UNIT	
Date Application Received:	
Cosmetic Product Notification No. :	Expiry Date:
Product Name:	
Name of Cosmetic Unit Officer:	
Signature of Cosmetic Unit Officer:	
Notes:	

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SECTION H - OUTCOME OF AMENDMENT TO A COSMETIC PRODUCT NOTIFICATION
(For official use only)

Ref: () CU /

Date: _____

Cosmetic Product Notification No.:

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Product Name :

Name and Address of Applicant :
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Please be informed that your submission for an amendment to a Cosmetic Product Notification involving the change (s) as indicated in your application form dated for the above-mentioned product is:

(i)	Noted	<input type="checkbox"/>
(ii)	Please submit to this department the original copy of product labels once printed	
(iii)	Incomplete. Additional data required are as follows: _____ _____	<input type="checkbox"/>
(iv)	Any Other Remarks: _____	<input type="checkbox"/>

Date: _____	_____ Director Department of Pharmaceutical Services Ministry of Health Brunei Darussalam
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