**DMF (Restricted part) Form[[1]](#footnote-1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Identification of submission** | **New  Resubmission  Renewal  Variation** | | |
| **Procedure Type** | **National (SFDA)  Central (GCC-DR)** | | |
| **Active substance name** |  | | |
| **Pharmacopeial Reference** |  | | |
| **Reference No.[[2]](#footnote-2)** |  | | |
| **Date of submission2** |  | | |
| **Trade name2**  **(**Specific product covered by the DMF) |  | | |
| **DMF holder name** |  | | |
| **Version No. "AP"** |  | **Date** |  |
| **Version No. "RP"** |  | **Date** |  |
| **Manufacturer name** |  | | |
| **Address** |  | | |

Name: …………....................................................

Title: …………........................................................

Email[[3]](#footnote-3): …………...................................................

Signature: ………….............................................

1. All fields are mandatory.

   [↑](#footnote-ref-1)
2. Information can be obtained from the applicant who submitted a file to SFDA [↑](#footnote-ref-2)
3. Notification will be sent to this email after receiving DMF

   AP: Applicant Part

   RP: Restricted part. [↑](#footnote-ref-3)