FOREIGN GMP INSPECTION APPLICATION FORM

National Pharmaceutical Regulatory Agency
Ministry of Health Malaysia
Lot 36, Jalan Profesor Diraja Ungku Aziz, 46200 Petaling Jaya, Selangor.
Tel. No.: 03-7883 5491
Website: http://www.npra.gov.my/

For Official Use Only
Application No.:
Date Received:
Date Completed:

PART A APPLICANT / PRODUCT REGISTRATION HOLDER INFORMATION

Name of Applicant:	
Name of Product Registration Holder (PRH):	
Address:	
Company/Business Registration Number:	
Contact Telephone: Can be more than 1 number	Email Address:
Issuance of Invoice (Company name and Address) *if different from PRH	

PART B FOREIGN MANUFACTURER INFORMATION

Name:				
Address:				
Country:		Previous Date of Inspection by NPRA (if any):		
GPS Coordinate:	Latitude		Longitude	

PART C PURPOSE OF APPLICATION (Please tick the appropriate box)

☐	Product Registration (New)	☐	Change of Site to Existing Manufacturer
☐	Product Registration (Renewal)	☐	Others (Specify):

PART D FACILITY AND PRODUCT INFORMATION (Please mark ☒ the appropriate box)

Category of products to be inspected (choose only ONE)	☐ Sterile	☐ Non-sterile	
Product Dosage Form	☐ Large Volume Liquid	☐ Tablet	☐ Cream/Ointment
	☐ Small Volume Liquid	☐ Capsule	☐ Solution
	☐ Liquid for external use	☐ Powder	☐ Suspension
	☐ Liquid for internal use	☐ Granule	☐ Suppository
	☐ Other (Specify):		
Type of Product:	☐ Penicillin or Cephalosporin		☐ Hormone
	☐ Cytotoxic or Anti-Cancer preparation		☐ Steroid
	☐ Biologic (e.g. vaccines, blood products, biotechnology products)*		☐ None of the above
*For Biological product: (choose only ONE)	☐ Drug Substance	☐ Drug Product	

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Is the facility manufacturing registered products for other Product Registration Holder (PRH)?	☐ Yes (Annex IV has to be completed) ☐ No

PART E	LIST OF SUPPORTING DOCUMENTS (The following documents **MUST** be submitted together with this application)	Tick (√) if provided	For Official Use Only
1.	Payment of Processing Fee RM5,000.00		
2.	A copy of Company/Business Registration Certificate (for Product Registration Holder)		
3.	List of Building/Workshop/Line/Unit and dosage forms manufactured in each Building/Workshop/Line/Unit to be inspected		
4.	Details of new products to be registered in Malaysia (Annex I)		
5.	Details of existing registered products of renewal of product registration (Annex II)		
6.	Details of existing registered products for change of manufacturing site (Annex III)		
7.	Details of product registration holder and their respective registered products (Annex IV)		
8.	Site Master File		
9.	Validation Master File		
10.	Proposed flight route, including connecting flights (if any)		
11.	Hotel quotation [Details required: i) Hotel Name, ii) Hotel Rate Per Night iii) Official Website, iv) Distance between hotel and manufacturing facility v) Accommodation during transit (if any)		
12.	Entry requirements to the destination country for Malaysian citizens		
13.	Declaration letter from manufacturer stating that the premise is ready to be inspected at any time		
14.	Valid GMP evidence (preferably GMP certificate/report issued by a PIC/S Participating Authority)		

If company is eligible for **GMP DESKTOP ASSESSMENT (GDA)** (refer GDA acceptance criteria as mentioned below), the **ADDITIONAL** following documents (15-22) **MUST** be submitted together with this application (*Soft copy*).

GDA acceptance criteria:

- Manufacturing sites inspected by NPRA previously with an acceptable GMP status for the same dosage form(s)
- Applicable for sterile and non-sterile facilities (excluding biopharmaceuticals)
- Application of NPRA/431/11 is submitted at least 1 year before the expiry of GMP status (3 years after the last inspection date) for 1st GDA application
- For 2nd GDA application, NPRA/431/11 is submitted at least 1 year before GMP validity extension from the 1st GDA approval.

15.	GMP evidence by National Pharmaceutical Regulatory Agency (NPRA) i.e. GMP certificate		
16.	Regulatory Inspection List (all on-site inspections conducted within the past three years)		
17.	Warning letter or equivalent regulatory action issued by any authority [If none, refer to (16)]		
18.	Declaration from manufacturer (on company letter head) for item 15		
19.	Product complaint and recall register for the past three years		
20.	Change Control, Deviation, Quality Risk Assessment (QRM) register for the past three years		
21.	List of products manufactured within the last 6 - 12 months for the relevant products		
22.	GDA Pre-assessment (Please refer to Annex V)		

PART F APPLICANT DECLARATION

1. I am hereby authorised by the company to make this application. I undertake to pay the non-refundable processing fee of RM 5,000 upon application and inspection fee of RM 20,000 at least one month before the foreign inspection is conducted using a banker's cheque payable to **BAHAGIAN REGULATORI FARMASI NEGARA.** Alternatively, payment can also be made directly at the Seksyen Kewangan, Akaun dan Hasil (SKAH) counter, NPRA via credit or debit cards.
   [Note: Only complete application form with confirmed payment will be processed by NPRA]
2. I have read and understood the contents of the Drug Registration Guidance Document and Guidance Document Foreign GMP Inspection.
3. I hereby declare that details furnished on this form are true, accurate and complete; the supporting documents are authentic or true copies and undertake to notify NPRA, in writing, within one week of any changes in the particulars submitted in this application.
4. I understand that the final decision on performing GDA is based on the acceptance criteria stated in Part E and screening process through GMP Desktop Assessment Selection Tools (GDAST).
5. I undertake to pay all required inspection expenses which include flight ticket, accommodation, and other associated expenses (such as allowances, insurance, etc.) if inspection is required by NPRA. I shall make the payment in the form of contribution into

a trust fund established under the Malaysian Ministry of Health (MOH) namely Akaun Amanah Penilaian, Pengiktirafan Akreditasi dan Pemeriksaan APB (Main Code: 886341, Sub Code: 4001) through a banker's cheque made payable to:

Name : KETUA SETIAUSAHA KEMENTERIAN KESIHATAN MALAYSIA
Account No : 21401360003459

6. I undertake to add more contribution to the trust fund if the expenses for the inspection are more than expected. I understand that in the event where the foreign inspection cannot be conducted, the contribution will be refunded.
7. I understand that the remainder of the contribution will be retained in the trust fund for future purposes as outlined in the Arahan Amanah Penilaian, Pengiktirafan Akreditasi dan Pemeriksaan APB.
8. I hereby confirm that the foreign manufacturer has agreed and is ready to be inspected at any time by NPRA, Malaysia.
9. I undertake to ensure that the medicinal products are manufactured in accordance with the GMP guidelines as determined by the NPRA.
10. I confirm that the new products to be registered in Malaysia are licensed/certified for sale in the country of manufacture/product owner.
11. I have read and agree to the terms and conditions stated in the current Guidance Document Foreign GMP Inspection and accept the decision by NPRA regarding this application.

(Signature)	(Date)	(Company Stamp)

(Name & Designation)

PART G ADDITIONAL DECLARATION *(only applicable if the facility is manufacturing registered products for other PRH)*

I confirm that:
1. The information stated in Annex IV is true, complete and accurate.
2. All the other PRH are aware and understand that the outcome of this GMP inspection may affect the registration status of all the products manufactured at this facility.

(Signature)	(Date)	(Company Stamp)

(Name & Designation)

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ANNEX I (Details of new products to be registered in Malaysia)				
No.	**Product Name** **(Reference No. - If any)**	**Active Ingredient**	**Dosage Form**	**The product is licensed/certified for sale in the country of manufacture/product owner (Yes/No)**

ANNEX II (Details of existing registered products for renewal of product registration)			
No.	**Product Name**	**Registration Number**	**Registration Period**

ANNEX III (Details of existing registered products for change of manufacturing site)				
No.	**Product Name**	**Registration Number**	**Registration Period**	**Current Manufacturer Name & Address**

ANNEX IV (Details of product registration holder and their respective registered products)			
No.	**Product Registration Holder**	**Product Name**	**Registration Number**

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ANNEX V (GDA Pre-assessment)		
No.	**GDA Parameters of Pre-assessment**	**Please ☒ only one**
1.	Number of employees.	☐ More than 150 employees
		☐ 50 – 150 employees
		☐ Less than 50 employees
2.	The maximum number of different manufacturing/ distribution process.	☐ More than 7 processes
		☐ 4 – 6 processes
		☐ 1 – 3 processes
3.	The level of dedication of equipment and facilities that is in place at the site (for e.g. No dedication, partial dedication, full dedication).	☐ No dedication
		☐ Partial dedication
		☐ Full dedication
4.	Involvement of Real Time Release Testing (RTRT)	☐ Real Time Release Testing (RTRT) activities
		☐ No Real Time Release Testing (RTRT) activities
5.	Complexity of products manufactured (for e.g.: low concentration/high potency, sustained release, normal product, biological).	☐ Complex product type (low concentration / high potency, sustained release)
		☐ Normal product
		☐ Repacking only
6.	The maximum number of unit operations in a non-sterile manufacturing process (e.g. dispensing, mixing, granulate, drying, coating, blister, packing, testing, IPQC)	☐ More than 6 processes
		☐ 4 – 5 processes
		☐ Less than 3 processes
7.	Involvement of repackaging activities (for e.g. primary, secondary).	☐ Packing of products for clinical trials, primary repack
		☐ Secondary repack
		☐ No repack activities
8.	Engagement of sub-contract activities (for e.g. contract lab, transport). *Can tick more than one	☐ Subcontracting of processes / stages of manufacturing, primary packaging and QC
		☐ Subcontracting services: contract lab, transport etc.
		☐ No subcontracting
9.	The maximum number of components in a product, include final pack (for e.g. vial, diluent, syringe, leaflet).	☐ More than 4 components
		☐ 2 – 3 components
		☐ 1 component (primary packaging)
10.	Any product with specific storage requirement. *Can tick more than one	☐ Cold chain, shorter shelf life
		☐ Specified storage requirement
		☐ No specific storage requirement

*Please refer to Guidance Document for Foreign Inspection (Appendix 3) for the description of the parameters.