

APPLICATION FORM FOR VACCINE LOT RELEASE		
Applicant Information	Product Registration Holder Name & Address: Importer Name:	
	Warehouse Name & Address :	
	Contact Person:	
	Contact Number : Office: H/P:	
Vaccine Information	Product Name	
	MAL Number	Lot Number
	*Arrival Date (Day/ Month /Year)	Expiry Date (Day / Month /Year)
	Storage Condition	Ingredients and Strength
	Quantity of Imported Vaccine	
	In Primary Packaging	In Secondary Packaging
	Total doses/ Shipment	
	Manufacturer Company Name and Address	Manufacturer -final release (if applicable) Company Name and Address

* It is the responsibility of applicants to inform officer in Center for Quality Control if there are any changes (e.g. arrival date) to application information

