FOR OFFICIAL USE

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Ref No. (__)Not.discontinued/CU/201

DEPARTMENT OF PHARMACEUTICAL SERVICES
MINISTRY OF HEALTH
BRUNEI DARUSSALAM

DICSONTINUED COSMETIC PRODUCT NOTIFICATION

Name of company: ……

The table below lists down cosmetic products with expired validity period and are not intended to be renewed:

No	Brand Name	Product Name	Manufacturer	Notification No: BRU L _____K	Validity Period	Reason for not renewing

_____
[Name and signature of person representing the local company]

_____
[Company stamp]

_____
[Date]