Reference: ...................................................Applicant: .........................................

Address: ............................................Post code: .........................................

Town ...........................Country: ..............................

Date: ………………………..

The Secretary to the Authority,

National Drug Authority, Plot 19 Lumumba Avenue

P.O. Box 23096, Kampala, Uganda

Phone: +256-417788100

Fax: (+256) 41-255758

E-mail: ndaug@nda.or.ug

**Subject: Submission of Application(s) for Registration of Product Name(s) and strength(s)**

Dear Sir,

We are pleased to submit our Application(s) for a registration of finished pharmaceutical product(s) whose details are as follows:

**Name of the finished pharmaceutical product(s): .......................................**

**Pharmaceutical form(s) and strength(s): .....................................................**

**INN/active substance(s): ......................... ATC Code(s): ..............................**

You will find enclosed the submission of dossier as specified hereafter:

CD-ROM; Quality Overall Summary in word format and body data in pdf format.

We confirm that all future submissions for this specific product will be submitted in this same format.

We confirm that the electronic submission has been checked with an up-to-date and state-of- the-art virus checker.

The relevant fees have been paid.

Yours sincerely,

Signature: ..............................................................................

Name: ...................................................................................

Title: ......................................................................................

Phone number: .......................................................................

Email address: ...............................................................