CERTIFICATE NO.

For internal use

**THE SCHEDULE**

|  |  |  |
| --- | --- | --- |
| **Product Name** | **Name of Ingredients** | **Amount Per Unit Dose (or otherwise stated)** |
| Click here to add text | Click here to add text | Click here to add text |
|   | Click here to add text | Click here to add text |

This product is currently under evaluation by Health Sciences Authority. The information as reflected in this Schedule is provided by the applicant and shall not be construed as an endorsement and/or approval by the Health Sciences Authority, of the product, or any claims made for it.