**Application to Participate in Singapore- Malaysia Medical Device Regulatory Reliance Programme**

***(completed by local applicant)***

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| Medical Devices Cluster Health Products Regulation GroupHealth Sciences Authority | Date:.......Month:..............Year:............... |

**Subject:** Application for Medical Device Registration via Abridged Route (Class B/C/D)

**Dear** Sir/Madam,

 I, [*Company Name*], the Applicant for registration, hereby request to participate in Singapore – Malaysia Medical Device Regulatory Reliance Programme for the registration of medical device with the following details:

 1. Name of Device (on Medical Device Authority Register (MDAR)):

 2. Identifier (e.g. Model Number, Product Code, Reference Number):

 3. Brand Name:

 4. MDAR Registration number:

5. Information on Medical Device Registration Certificate Holder (in Malaysia):

a. Company Name:

b. Address:

c. Name of Authorized Representative:

d. Contact Email:

The required registration documents will be based on the Abridged evaluation route as specified in GN-15: Guidance on Medical Device Product Registration.

I, the undersigned, hereby attest that the information provided is/are accurate, correct, complete and current to this date.

 I respectfully submit this application for your kind consideration.

 Yours sincerely,

 *[Signature]*

*[Name and Designation of Senior Company Official]*

 *[Company stamp]*