

Have you enquired on this Cell, Tissue or Gene Therapy Product previously?	No Yes, please state the reference number of the previous enquiry: <i>(You may attach the email communications of the previous enquiry, where necessary)</i>
PRODUCT INFORMATION	
Name of Product Owner	
Product Name <i>(Including dosage form & strength)</i>	
Name & Strength of Active Substance(s):	
Proposed Indication(s):	
Proposed Dosing Regimen: <i>(Including patient population)</i>	
Registration Status in Other Countries:	
Planned Submission in Other Countries:	
Projected Date of Submission to HSA	
DECLARATION	
	I hereby attest that the information provided is accurate, authentic and complete.