

MINISTRY OF HEALTH SULTANATE OF OMAN

Inquiry Form for Product Classification

Applicant	Name:		
	Mail Address:	Tel:	Fax:

Product information:

<i>Product Name</i>	
<i>Product Manufacturer</i>	
<i>Detailed Product Compositions with the quantities</i>	
<i>Product Uses & Indication</i>	
<i>Classification of the product in the country of origin (attached copy of the classification or registration certificates if applicable)</i>	
<i>One finished sample should be submitted</i>	

Signature & Stamp of the applicant:

Note: This classification is not a registration or marketing approval for the product in the Ministry of Health, Oman