**Appeal Letter on Products Classification Decision**

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| Reference no\*: |  | | |
| Date of submission for classification\*: | Click or tap to enter a date. | | |
| Name of product\*: |  | | |
| Intended purpose/claim of product: |  | | |
| Classification Decision by Products Classification Department: | Medicinal product  Health Product for registration  Herbal product for registration  Medical device  Cosmetic  Food product  Not under SFDA supervision  Other, (please specify) | | |
| Proposed Classification\*: |  | | |
| Justification of Appeal:\* |  | | |
| Marketing authorization holder (MAH)/Agent if available: |  | Name and site of Manufacturer |  |
|  | | | |
| Name of applicant\*: |  | Contact Number\*: |  |