**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\*: |  |