

## APPENDIX 24

### APPEAL

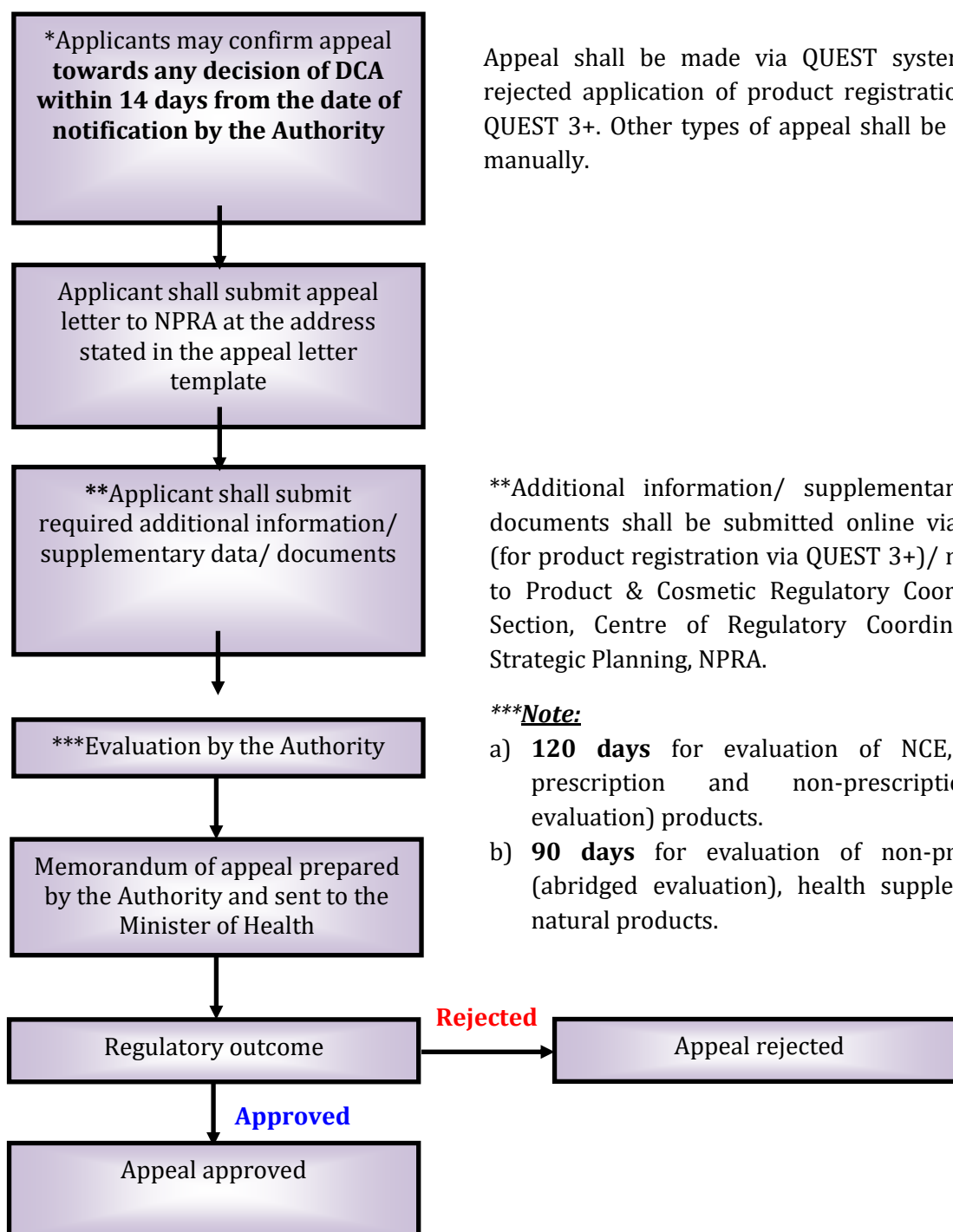
As stipulated under Regulation 18, CDCR 1984, any person aggrieved by the decision of the Authority or the Director of Pharmaceutical Services, may make a written appeal to the Minister of Health Malaysia.

**All notice of appeals** shall be made **within fourteen (14) days** from the date of notification by the Authority;

- A period of 60 days from the date of appeal confirmation is given for submission of any additional information/ supplementary data/ documents for all product categories.
- The appeal shall not be considered if all the required information is not submitted within the specified time frame given. **Any request for extension of this period shall not be considered.**
- Any decision of the Minister made on an appeal shall be final.

The appeal for rejected applications of product registration shall be submitted via the online QUEST system ONLY. Other types of appeal shall may be submitted manually.

## THE PROCESS OF APPEAL



## TEMPLATE FOR AN APPEAL LETTER

### **LETTERHEAD SYARIKAT PEMEGANG PENDAFTARAN PRODUK**

Nama dan alamat pemegang

Tarikh:

**Y. B. Menteri Kesihatan Malaysia**

d/a Bahagian Regulatori Farmasi Negara

Kementerian Kesihatan Malaysia

Lot 36, Jalan Universiti,

46200 Petaling Jaya

(u.p. Setiausaha PBKD)

Y. B.,

### **PERATURAN 18 – RAYUAN TERHADAP PENOLAKAN PERMOHONAN PENDAFTARAN**

**NAMA PRODUK** : Sila nyatakan nama produk (*Please state the product name*)

**NO. RUJUKAN** : Sila nyatakan nombor pendaftaran produk  
(*Please state the product reference number*)

Dengan segala hormatnya, pihak kami ingin membuat rayuan terhadap penolakan permohonan produk seperti di atas.

2. Alasan – alasan rayuan serta data tambahan/ maklumat akan dihantar kepada pihak Y.B. dalam tempoh 60 hari dari tarikh pengesahan penerimaan rayuan oleh pihak Y.B.

Sekian, terima kasih.

Yang benar,

Tandatangan Wakil Pemegang

**(NAMA WAKIL PEMEGANG)**

Jawatan Wakil Pemegang