

الهيئة الوطنية لتنظيم المهن والخدمات الصحية NATIONAL HEALTH REGULATORY AUTHORITY

## **Ink Classification Form**

Submission Date: / / 20

Applicant Name	Contact No
Name of Salon	CR No.
Manufacturer name	Country of Origin
Color of the ink	CAS No. / CI No.
Contact Email	

## > Please attached the form wit following requirements of Ink classification by email, if there any missing documents will revert to you:

	Requirement	Remark
1.	Copy of the commercial registry (CR) / M.O.H license of the salon.	
2.	A Free Sale Certificate (FSC) from the country of origin of the products, issued by the health regulatory authority of that country (e.g. NHRA) If Any	
3.	Capture $\link$ of the code (CI / CAS) listed under the approved colorant list issued by the ECHA/REACH .	
4.	Lab test report, it should be: Issued by an internationally recognized lab, confirming the safety of ink ingredients, and confirming compliance with the most recent ResAP resolution.	
5.	Label of the ink with the manufacturer name, ingredients and expiry date.	



• For more information about the requirements, please Scan the QR code for Tattoo guiding

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