Application Form

1	Information about the applicant and the legal representative in the country				
1.1	Name of company				
1.2	Name and Address of manufacturer of drug substance(s)				
	Name				
	Address				
1.3	Name and Address of manufacturer of the finished product				
	Name				
	Address				
1.4	Name and Address of applicant/legal representative/marketing authorization holder				
	Title				
	First Name				
	Surname				
	Company Name				
	Address				
1.5	Name and Address of other manufacturer(s) involved in the manufacturing process				
	1. Brief description				
	of operation				
	Name				
	Address				
	2. Brief description				
	of operation				
	Name				
	Address				
	3. Brief description				
	of operation				
	Name				
	Address				
		I			

Contact person fo	r Quality and Pharmacovigilance		
Quality			
Title			
First Name			
Surname			
Company Name			
Address			
Pharmacovigiland	ee e		
Title			
First Name			
Surname			
Company Name			
Address			
Person/company authorized for communication between the MAH and NRA & Official(s) responsible for batch testing and batch release of finished product			
Person/company a	authorized for communication between the MAH and NRA		
Title			
First Name			
Surname			
Company Name			
Address			
Official responsib	le for batch testing of finished product		
Title			
First Name			
Surname			
Company Name			
Address			
Official responsible for batch release of finished product			
Title			
First Name			
Surname			

	Company Name					
	Address					
2	Information about the product					
2.1	Name of the medicinal product including non-					
	proprietary name or common name of vaccine					
2.2	Pharmaceutical form					
2.3	Physical description of pharmaceutical form					
2.4	Commercial presentation(s)					
2.5	Indication(s)					
2.6						
	List of excipients					
	Product shelf-life					
	Products storage condition					
	Packaging configuration(s)					
2.7	Daniel and Administration					
2.7	Dosage and Administration					
2.8	Qualitative and Quantitative Composition (Plea	sea fill datails in attachment D				
2.9	Name of drug substance(s)					
3	Regulatory status					
3.1	Date of first Authorization in country of					
0.1	origin					
3.2	List of countries in which finished product is					
	registered					
3.3	List of countries where the product is					
	marketed					
3.4	Did you apply for scientific advice before	YES				
	submission?	NO				
3.5	Type of application					

3.6	Annexed documents								
		. •	,						
	Attachment - I								
	Name of excipients	Quantity/Unit	Reference to Standard						

Name of excipients	Quantity/Unit	Reference to Standard
	I	ı