

# NOTICE OF INTENTION TO TRANSFER MARKETING AUTHORISATION and/or TRANSFER COMMERCIAL RESPONSIBILITIES FOR A MEDICINAL PRODUCT



This form has been prepared to enable manufacturers, importers or their agents to notify the HSE Corporate Pharmaceutical Unit of their intention to transfer marketing authorisation or commercial responsibilities to another supplier and to fulfil their obligations under the current Agreements between the HSE and the IPHA / MFI.

At least **3 months notice** is required to be provided by the original supplier, where a transfer of a marketing authorisation / commercial responsibilities is likely to materially change the arrangements for the supply of a medicine.

**Separate Divestment / Transfer of Commercial Responsibilities Letters from both companies are to be enclosed with this form.**

Transfer of Marketing Authorisation Holder:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Transfer of Commercial Responsibilities:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In the case of transfer of the Marketing Authorisation or transfer of commercial responsibilities, relevant rebate will be collected from the supplier according to the notified date of transfer. This is a condition of reimbursement.				

1.	Name of medicinal product to be transferred: <i>(Give full name, strength and pack size)</i>	
2.	Marketing Authorisation Number:	
3.	GMS /High-Tech Code:	
4.	ATC Code:	
5.	Date notified CPU of proposed transfer:	
6.	Actual date of transfer:	
7.	Name and address of company who currently hold MAH / commercial responsibilities:	
8.	Contact name of current Holder:	
9.	New Company Name:	
10.	New Company Address:	
11.	New Company Contact Name:	
12.	New Company Telephone No:	
13.	Email Address:	

**A copy of the most recent Summary of Product Characteristics for the product must be supplied**

14. Any further relevant information:

**Please ensure form is signed**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

The completed form should be returned to:  
Corporate Pharmaceutical Unit  
HSE Primary Care Reimbursement Service  
Exit 5 M50  
North Road  
Dublin 11 D11 XKF3  
Tel No: 353-1-8915725  
E-mail: [CPU@hse.ie](mailto:CPU@hse.ie)

**CPU Office Use Only - Date Stamp**

Copies of this form are available on [www.hse.ie/eng/about/Who/cpu](http://www.hse.ie/eng/about/Who/cpu)