

NOTICE OF INTENTION TO TRANSFER THE MARKETING AUTHORISATION FOR A MEDICINAL PRODUCT TO ANOTHER MANUFACTURER



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

At least **3 months' notice** is required to be provided by the original Marketing Authorisation holder, where a transfer of a marketing authorisation is likely to materially change the arrangements for the supply of a medicine,

Separate Divestment Letters from both companies are to be enclosed with the application.

1.	Name of medicinal product to be transferred: <i>(Give full name, strength and pack size)</i>	
2.	Marketing Authorisation number:	
3.	GMS code number:	
4.	Date notified CPU of proposed transfer:	
5.	Actual date of transfer:	
6.	Name and address of company to whom the MA is being transferred:	
7.	Contact name and relevant telephone number within the company to which the product is being transferred:	

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

8. Any further relevant information:

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9.	Company Name:	
10.	Company Address:	
11.	Contact Name:	
12.	Telephone No:	
13.	Fax No:	
14.	Email Address:	

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
Fax No: 353-1-8915757
E-mail: CPU@hse.ie

CPU Office Use Only - Date Stamp

Copies of this form are available on www.hse.ie/eng/about/Who/cpu