


SRA	Request form	
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Date:

API:

Manufacturer:

Annual Quantity:

Intended use for: Development new registration
 Registration variation

Customer:

	request from	recipient if different
Company		
Address		
Contact Person		
Phone		
E-Mail		


Request of documents: *(Tick appropriate box)*

US-TDP / Open Part	
EU-DMF Open-/Applicants Part	
CEP (Declaration of Access)	<i>please include details in table on page 2</i>
Letter of Commitment	
Other	

CEP/DMF/ASMF submission to authority	Name and address of Authority	
	Requested Submission date	

Additional details *(please include details in table on page 2)*

Letter of Access EU to	DMF	CEP
Letter of Authorisation access US or other countries to	DMF	CEP

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Name of the MAH and MAH address	Drug Product/ Dosage	Procedure-No. / MA-No. <i>and</i> ANDA/NDA/IND number (If known)	Agency Address	Country