**Renewal Application for marketing authorisation - parallel imported medicinal product**

The completed form must be sent to: post@dmp.no.

|  |
| --- |
| **Information about the medicinal product** |
| Name of the product:       |
| Pharmaceutical form and strength:       |
| Marketing Authorisation Number (MT(PI)no.):       |
| Exporting state:       |
| Name of product in the exporting state:       |
| All valid package sizes:       |

|  |
| --- |
| **Information about the Holder of the Marketing Authorisation for parallel imported medicinal product** |
| Company name:       |
| Address:       |
| Invoice address:       |

|  |
| --- |
| **Contact information** |
| Name:       |
| Phone:       |
| E-mail:       |
| Date:      | Signature by applicant: |