

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

The completed form must be sent to: [post@dmp.no](mailto:post@dmp.no).

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| **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: |

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

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