

Information on the marketing authorisation/registration

Type of medicinal product/preparation		
Human medicine	Veterinary medicine	Herbal medicinal product
Marketing authorisation/registration number(s)		
Date of granting the marketing authorisation/registration		
Product(s)		
Marketing authorisation/registration holder		

Party paying the annual fees

Company	
Address	
Telephone number	Mobile phone number
E-mail address	

Contact person responsible for communication between the marketing authorisation/registration holder and Fimea after granting of a marketing authorisation/registration

Surname	Forename
Company	
Address	
Telephone number	Mobile phone number
E-mail address	

Returning this form

<p><b>The completed notification form should be submitted without delay to</b>  <b>macontact.information@fimea.fi</b>          (This e-mail address should only be used for returning this form)</p> <p><b>or alternatively to</b>          Finnish Medicines Agency          P.O. Box 55          FI-00034 Fimea</p>
---