

## Application Form for Emergency Use Authorization of Medicinal Products

I/We..... hereby apply for the grant of emergency use authorization for the following medicinal product:

1. Name of Product: .....
2. Brand Name (if any): .....
3. Manufacturer: .....
4. Reference NRA by which the medicinal product is granted emergency use authorization: i.  
.....  
ii. ....

*Please attach the following documents:*

1. Evidence of EUA listing by WHO or referenced NRA
2. Artworks of package, label and insert
3. Product Information Product information and instructions for the storage, distribution and usage of the product (for the healthcare professionals) including conditions of use.

Declaration:

I hereby declare that all information provided on this application is complete, true and correct to the best of my knowledge and will be liable for any consequences if any information provided is proven to be false or misleading.

I undertake to report any adverse events reported during the vaccination.

I hereby declare that medicinal product to be supplied is same as the one listed on WHO-EUL list or reference NRA

Signature of applicant

Name: .....

Address: .....

Date: .....