Name and address of the holder of the MA (or the power of Attorney) + name of the contact person:

|  |
| --- |
| Registration form for a veterinary medicinal product |

Note:

This form must be completed for any new marketing authorisation (MA) application for a veterinary medicinal product in Luxembourg. It must be submitted along with the supporting documents to the following address: [luxvet@ms.etat.lu](mailto:luxvet@ms.etat.lu).

|  |  |
| --- | --- |
| Name of veterinary medicinal product |  |
| Pharmaceutical form and strength |  |
| Target Species |  |
| MA Holder |  |
| MAH ORG ID in UPD |  |
| MAH LOC ID in UPD |  |
| LU MA number (if known) |  |
| UPD Product Identifier (if known) |  |
| UPD Permanent identifier (if known) |  |
| RMS |  |
| Procedure number |  |
| Type of procedure | SRP  MRP  DCP |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of MAs |  | Fee |  | Total to be paid |  | Date of payment |
|  | X | 600 € |  |  |  |  |

Supporting documents to be attached to the application

* Power of attorney if the applicant is acting on behalf of the MA holder
* Approval/ Final Assessment Report from the RMS
* Latest version of the approved texts (SPC, labelling, package leaflet)
* Proof of payment of the registration fee per MA  (1 MA = 1 strength and 1 pharmaceutical form)
* Copy of the French, Belgian, or German MA if already available

Done at [Place]………………………………………………….

on [Date]…………………………………………………………..

**Name and first name of the applicant**  
*(person authorized by the company’s statutes to legally bind the company)*

…………………………………………………………………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

[Full Name]

[Title/Position]