**VARIATION APPLICATION[[1]](#footnote-2)**

**Type of the medicinal product**

*\*select*





**Type of the application**

*\* fill in according to the Annex N 1 to the decision of the Government of the Republic of Armenia N166-N of February 28, 2019, specifying the number (from the 1st column) and the name (from the 2nd column) of the application type*

|  |  |
| --- | --- |
| Number | Name |
|  |  |





**Variation(s)**

*\* fill in post-registration change according to* ["Variation Guideline"](http://www.pharm.am/attachments/article/4875/Variation%20Guideline_Eng_26.04.2019.pdf)

*\*\* add the page as needed*

|  |  |
| --- | --- |
| N | Description |
|  |  |
|  |  |
|  |  |

**Number of the medicinal product registration certificate**

*\* fill in*

|  |
| --- |
|  |

**Name, pharmaceutical form, strength of the medicinal product**

*\* fill in*

|  |
| --- |
|  |

**Registration certificate holder (name, location)**

*\*fill in*

|  |  |
| --- | --- |
| Company name |  |
| Address |  |
| City/Locality/Town/Vilage |  |
| State |  |
| County |  |
| Postcode |  |
| Country |  |
| Telephone |  |
| E-mail |  |

**Authorized representative of the registration certificate holder in the RA[[2]](#footnote-3)**

*\* fill in*

|  |  |
| --- | --- |
| Company name |  |
| First Name, Surname |  |
| Address |  |
| City/Locality/Town/Vilage |  |
| State |  |
| County |  |
| Postcode |  |
| Country |  |
| Telephone |  |
| E-mail |  |



*(*[*Requirements for the Power of Attorney*](http://www.pharm.am/attachments/article/4810/PoA-requirements%20web_eng.pdf)*)*

*\* select, if submitted previously*



**On behalf of applicant[[3]](#footnote-4)**

|  |  |
| --- | --- |
| First Name, Surname |  |
| Job function |  |
| Signature |  |



[*(Acts on handling-acceptance of documents, samples and standards)*](http://www.pharm.am/index.php/en/registration-application/4760-post-registration-change-application)

1. *This application concerns to national procedures of human use and veterinary (except for veterinary vaccines, serums and diagnostics) medicinal products.*  [↑](#footnote-ref-2)
2. Person designated as Registration certificate holder contact person/company with the Scientific Centre [↑](#footnote-ref-3)
3. Person authorized by the Registration certificate holder to sign application [↑](#footnote-ref-4)