



1.0	DETAILS OF PRODUCT		
1.1	Proprietary name:		
1.2	Registration number:		
1.3	International Non-proprietary Name (INN) of the Active Pharmaceutical Ingredient (API):		
1.4	Strength of Active Pharmaceutical Ingredient (API) per unit dosage form:		
1.5	Pharmacotherapeutic classification (Anatomic-Therapeutic Classification system):		
1.6	Distribution category:		
1.7	Dosage form:		
1.8	Route(s) of administration (use current list of standard terms):		
1.9	Packing/pack size:		
1.10	Visual description:		
1.11	Name and address (physical and postal) of FPP manufacturing facility:		
	Name:		
	Address:		
	Country:		
	Telephone:		
	Telefax:		
	E-Mail:		
	Effective date: 21/10/2022		





2.0	DETAILS OF REGISTRANT		
2.1	Name and address (physical and postal) of Applicant (Company):		
	Name:		
	Address:		
	Country:		
	Telephone:		
	Telefax:		
	E-Mail:		
2.2	Name and address (physical and postal) of Local Technical Representative (Local Agent):		
	Name:		
	Address:		
	Country:		
	Telephone:		
	Telefax:		
	E-Mail:		
3.0	DETAILS OF CHANGE		
3.1	List of change(s) requested (Please state all changes included in this application)  1. 2. 3.		





3.2	Scope (Please specify scope of the cha	nge(s) in a concise way)
3.3	Type of change(s) (State which type of	Variation):
	Minor:	
	Major:	
3.4		rief information on any ongoing variation or allel, or renewal application(s), or line-
3.5	Please give brief background explan	for Consequential change(s) (If applicable) ation for the proposed change(s) to your tification in case of consequential change(s)
3 6 Dr	resent	Proposed
3.6 Present (Please specify precise present wording or specification)		(Please specify precise proposed wording or specification)
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In the case of changes to the Summary of Product Characteristics and/or package leaflet, applicants should always enclose a working model clearly showing the differences (new text and deleted text) between the proposed new version and the current text, previous version or reference text.

### **Declaration of the Applicant:**

accor	by submit an application for the above Marketing Authorization to be varied in lance with the proposals given above.  In that (Please tick the appropriate declarations):
	There are no other changes than those identified in this application (except for those addressed in other variations submitted in parallel; such parallel variations have to be specified under 'Other Application(s)');
	Where applicable, Variation fees have been paid;
	Change will be implemented from: Next production run/next printing
Name	
Qualif	cation:
Position	on in the company:
Signa	ure:
Date:	Official stamp: