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| **Sponsors – AODC 2017** | **Applicant’s consent to share product assessment reports**  | ***TMDA/DMC/MRE/F/047******Rev #: 00******Page 1 of 1*** |

I, ………………..............………........................… the undersigned on behalf of …………………………………………………………………………………………………………………who is the Marketing Authorisation Holder/Applicant, do hereby consent that the {*name of the Recognised NRA/Organisation*} shares the assessment reports and subsequent reports generated during additional data/query response submission with Tanzania Medicines and Medical Devices Authority (TMDA) for the medicinal product(s) listed below.

I further consent that, if relevant, the sharing should also be extended to subsequent variations, as well as information and documentation on any actions taken by reference recognised NRA/Organisation post-marketing authorisation of the medicinal product.

**Medicinal Product(s) Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/No.** | **Product Brand Name/ Common Name (INN)** | **Product Strength** | **Product Dosage Form and Pack Size** | **Name and address of FPP Manufacturer** | **Registration Number** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Name of Authorized Signing Official** *(“the Applicant/Marketing Authorisation Holder”)* ……………………………………………………………………………………………………………

Company Name: ……………………………………………………………………………………...

Physical address & Postal address: ……………………………………………………………......

……………………………………………………………………………………………………………

Email: …………………………………………………………………………………………………...

Telephone……………………………………………………………………………………………...

Signature ……………………… ……………. Date…………………………………………………