

TGA use only

This form, when completed, will be classified as 'For official use only'. For guidance on how your information will be treated by the Therapeutic Goods Administration (TGA) see: Treatment of information provided to the TGA at http://www.tga.gov.au/treatment-information-provided-tga

Organisation details

Sponsor, Manufacturer and Agent

This form should be completed by or for each organisation that:

- · is involved with the supply or manufacture of therapeutic goods in Australia
- · is conducting a clinical trial in Australia
- · is involved with the supply of Proprietary Ingredients
- · provides regulatory services on behalf of another organisation mentioned above (Agents).

This form collects information about the legal entity making applications under the *Therapeutic Goods Act 1989* and the authority granted by that entity to others to make applications on its behalf. Please refer to the following link for <u>TGA Business Services (TBS) Terms and Conditions</u>.

Section 1. Organisation details

| Note: Sponsors must be local | ted in Australia | | |
|---|--|--|---|
| *Organisation details: Sponsor - a sponsor must business in Australia where the roon the TGA website at: Role of the | epresentative of the compa | · · · · · · · · · · · · · · · · · · · | ody in Australia and conducting alia. Additional information is availabl |
| ■ Manufacturer – a manufactor on the TGA website at: Manufactor | | vidual that produces go | ods. Additional information is availab |
| regulatory requirements. Additior | nal information is available | on the TGA website: R | |
| *Indicate the business activ apply). | ity of the client for wh | om you are supplyi | ng information (tick all that |
| ☐ Prescription Medicines☐ OTC Medicines | ☐ Listed Medicines☐ Export Only | ☐ Blood Bank☐ Tissue Bank | ☐ Medical Devices☐ Custom Made Devices |
| *Are you registering for (tic | k all that apply). | | |
| Clinical Trials – are resea is available on the TGA website | | conducted by hospitals | or universities. Additional information |
| PI Supplying - Proprietary | Ingredient (PI) is a confide | ential formulation usual | ly containing two or more accepted |

ingredients. Additional information is available on the TGA website Notification of a new Proprietary Ingredient.

PO Box 100 Woden ACT 2606 ABN 40 939 406 804

*Organisation name:

Neither - If you do not intend to run a clinical trial or supply a PI.

Phone: 1800 010 624 Fax: 02 6232 8581 Email: ebs@health.gov.au https://www.tga.gov.au



| ABN / ACN | | | | |
|--|--|---------------------------|---------------|------------------|
| *Address details: | | | | |
| *Street address | | | | |
| *Suburb | | *State: | *Postcode: | |
| | | | | |
| *Postal address | | | | |
| *Suburb | | *State: | *Postcode: | |
| *Corporate contact and l | billing details: | | | |
| *Contact email | | | | |
| *Contact telephone | | | | |
| | | | | |
| *Billing email | | | | |
| *Billing Cc email | | | | |
| Section 2. Orga *Administrator account o | nisation adminis | strator | | |
| "Administrator account (| aetalis | | | |
| responsible for creating ar | esentative from your compand maintaining contacts for the tone time. For more informable presentation. | he organisation. There ca | n only be one | Administrator |
| For information and guidanuse the site. | nce on the TGA Business Se | ervices (TBS) site see TG | A Business s | ervices - how to |
| | ralian manufacturer organisa . If you have nominated an A form. | | | |
| *Administrator full name | | | | |
| *Email | | | | |
| *Telephone | | | | |

Section 3. Australian representative



Note: Sponsors and Australian manufacturers must maintain at least one Australian representative at all times. If you have nominated an Administrator who is located overseas, please complete Section 3 of this form.

Overseas manufacturers and agent organisation do not need to complete this section.

This section is only required to be completed by a sponsor or Australian manufacturer which has nominated an overseas Administrator.

Note: Overseas manufacturers and agent organisations do not need to complete this section.

Please nominate an Australian representative from your organisation to be listed as an authorised contact. This person will be the first point of contact for the TGA.

| *Australian representative full name: | |
|---------------------------------------|--|
| *Email | |
| *Telephone | |

Section 4. Declaration

The following declaration must be signed.



- · For a corporation, by the company director or company secretary
- · For other clients, by the owner, partner, individual or regulatory affairs agent

The signatory will also be added to the TGA Business Services (TBS) Portal as an authorised representative with submitter access.

Note: providing information that is false or misleading to a Commonwealth entity or in connection with a Commonwealth law is a serious offence subject to criminal penalties under the *Criminal Code Act 1995*.

By signing this form, I declare that the information provided is true and correct.

| *Full name | | | |
|------------|--|--------|--|
| *Email | | | |
| *Telephone | | | |
| *Signature | | *Date: | |









