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Manufacturer Incidents Report: request for the password to unsecure the MIR form (PDF version)

Fields marked with * are mandatory.

PASSWORD REQUEST AND DECLARATIONS OF PASSWORD USE FOR AUTHENTICATION

By completing this form, you will be provided with the password to unlock the MIR form.

The password to unsecure the MIR form (PDF version) will be displayed when this request is approved.

* Name

* Surname

* Organisation/Company

* Email

Receipt of the password authorises you to unlock the form subject to the following conditions and declarations:

A) PURPOSE RESTRICTION: Use of the password is restricted to one or both of the authorised purposes listed below.

*

☐ I declare that I understand that the use of the password for other purposes (e.g. to generate unauthorised versions of the MIR form) constitutes a violation of this agreement.

* **B) INDICATION OF PURPOSE:** Please indicate your purpose below (you may tick both boxes):

- ☐ Translation of the form into another language.
- ☐ Implementation of the form in the information technology system of my organisation/company (e.g. auto-population)

C) USER RESTRICTION: Use of the password is restricted to the organisation/company of the requester.

*
☐ I declare that the password will be used only within my organisation/company for one or both of the authorised other organisations/companies.

Submit

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