**Application Form to Change Distribution Site**

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|  |  |
| **Product Name** |  |
| **Active Substance(s)** |  |
| **Product type** |  |
| **PCS No** |  |

**Please fully complete all sections in this application form**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Type Name  |  | Date |

Please complete section 1 to ensure up to date contact details are on file. A change of Notification holder will require a Trivial Amendment and a charge will apply.

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| ***Section 1: Notification Holder\* (person responsible for placing the product on the market)*** |
| Company Name: |  |
| Contact email: |  | Company email: |  |
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| ***Section 2: Primary Distributor(s) \**** |
| **Distributor****Company Name (1):** |  |
| Address: |  |
| Company Tel: |  | Company email: |  |
|  |  |
| **Company Name (2):** |  |
| Address: |  |
| Company Tel: |  | Company email: |  |
|  |  |
|  |  |

*\*Insert lines for additional distributors, if required*