European Directorate for the Quality of Medicines & HealthCare
Certification of Substances Department

CHANGE OF CONTACT DETAILS
FOR A CERTIFICATE OF SUITABILITY APPLICATION

Date of notification: ……/……/……

1. General Information

Dossier number and substance

CEP: ……

[Substance name]: ……

Name of the Certificate holder: ……

In case the change concerns several CEPs, please list the dossier numbers and substances here:
NB: if needed, an annex with list of all affected dossiers might be provided

CEP	[Substance name]

2. **Details of contact person** authorised for communication on behalf of the holder. This person will be the main contact point with EDQM:

Title* (Ms, Mr, Dr)	
First name*	
FAMILY NAME*	
Job title/Department	
NAME OF THE COMPANY*	
Recommended: **ORG_ID**[1]	
Recommended: **LOC_ID**[1]	
Address for correspondence*[2]	
City/Town*	
Postcode*	
State/Province	
Country*	
Telephone*	
E-mail*[3]	

Fields marked * are mandatory

[1] see SPOR - Organisation Management Services (OMS) on the EMA website

[2] no PO box, only physical address

[3] please provide one email address. Shared mailboxes are strongly preferred.

Does the contact person mentioned above belong to the CEP holder's group :

☐ Yes

☐ No

→ please provide an *authorisation letter (see Annex 1)*

→ please provide details of a contact person within the CEP holder's group:

Title* (Ms, Mr, Dr)	
First name*	
FAMILY NAME*	
Job title/Department	
NAME OF THE COMPANY*	
Recommended: **ORG_ID**[1]	
Recommended: **LOC_ID**[1]	
Address for correspondence*[2]	
City/Town*	
Postcode*	
State/Province	
Country*	
Telephone*	
E-mail*[3]	

Fields marked * are mandatory

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[2] no PO box, only physical address

[3] please provide one email address. Shared mailboxes are strongly preferred.

Annex 1

Template letter of Authorisation

[name and address of the holder]

[date and place]

LETTER OF AUTHORISATION

We, [name of the holder], hereby authorise, [name of the authorised representative], to act as official representative for our Certificate of Suitability for [name of the substance].

Signature [*Company Representative of the holder*]