

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

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*	
<i>Recommended: ORG_ID¹</i>	
<i>Recommended: LOC_ID¹</i>	
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.

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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*	
<i>Recommended: ORG_ID¹</i>	
<i>Recommended: LOC_ID¹</i>	
Address for correspondence*²	
City/Town*	
Postcode*	
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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*]