

CHANGE OF CONTACT DETAILS FOR A CERTIFICATE OF SUITABILITY

Date of notification:/...../.....

1. General Information

Dossier number and substance

CEP/ [Substance name]

Subtitle (if applicable)

In case the change concerns several CEPs, please list the dossier numbers and substances here:

CEP/ [Substance name]

2. Details of contact person authorised for communication on behalf of the holder:

*(if contact is part of a company/group different from holder please provide an authorisation letter
- see Annex 1):*

Title* (Mrs, Mr, Dr)	
First name*	
Family name*	
Job title/Department	
Name of the company*	
Address for correspondence*	
Postcode*	
Town*	
Country*	
Telephone*	
Fax*	
E-mail*	

Fields marked * are mandatory

Annex 1

Template letter of Authorisation

[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