|  |  |  |
| --- | --- | --- |
| Republic of Cyprus Colour Big |  |  |
| **REPUBLIC OF CYPRUS** |  | **PHARMACEUTICAL SERVICES** |
| **MINISTRY OF HEALTH** |  | 1475 ΛΕΥΚΩΣΙΑ |

Drugs Council Date: dd/mm/yyy

Pharmaceutical Services

1475 Nicosia

Cyprus

**Letter of Intent for a Repeat Mutual Recognition Procedure (rMRP): Zero days rMRP**

We, *[Applicant name]*, intend to submit a zero days repeat-use procedure for *[Name of the Product]* with Cyprus as a/ the only (choose as appropriate) CMS. *[Name of the Product]* is authorized via MRP/DCP *[choose as appropriate*] with *[Name of the Country]* as RMS.

|  |  |
| --- | --- |
| Name of the medicinal product |  |
| Proposed name of the medicinal product in in Cyprus |  |
| Dosage Form |  |
| Strength |  |
| Active Ingredient |  |
| MRP / DC procedure number |  |
| Other CMS in the zero Days procedure (if applicable)  |  |

Approved common SmPC attached:

We kindly ask the Drugs Council to confirm the receipt of this documentation and its agreement in following the Zero Days rMRP procedure for the above mentioned product.

Signature of the applicant

*(Form Ph. S. 164)*