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| 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 Administrative zero Days MRP (initial wave)**

We, *[Applicant name]*, intend to submit an Administrative zero days MRP procedure (initial wave) for *[Name of the Product]* with Cyprus as a/the only (choose as appropriate) CMS. *[Name of the Product]* is authorized via national procedure in *[Name of the Country]* which will act as RMS.

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| --- | --- |
| Name of the medicinal product in RMS |  |
| Proposed name of the medicinal product in in Cyprus |  |
| Dosage Form |  |
| Strength |  |
| Active Ingredient |  |
| Other member states where the product is authorised |  |
| Intended submission date |  |
| Other CMS in the zero Days procedure (if applicable) |  |
| Name and address of the applicant  Tel:  Fax:  Email: |  |
| Contact person for communication on behalf of the applicant  Name:  Tel.:  Fax:  Email: |  |

Approved SmPC, PL and Labelling attached:

Greek and/or English translation of the SPC, PL and Labelling attached *(where the approved in the RMS is in a different language*):

We kindly ask the Drugs Council to confirm the receipt of this documentation and its agreement in following the Administrative zero Days MRP procedure (initial wave) for the above-mentioned product.

Signature of the applicant

Date:

*(Form PhS. 167)*