Applicants Address

Generic name of product, strength and dosage for	orm:
Proposed Trade name:	

Signature of applicant representative

Date

(Insert name of applicant) hereby submits our application for registration of (insert Generic name, strength and dosage form of product) to be considered under the ZaZiBoNa collaborative registration process in response to the (insert number of applicable EoI e.g. 1st) Expression of Interest to register medicinal products via the ZaZiBoNa collaborative process.

We hereby confirm that we are interested in the Authority managing the application in line with the principles of ZaZiBoNa.

We also confirm our consent to sharing of the product related information among all ZaZiBoNa authorities during the registration process and post-registration.
We also confirm that the same application is being submitted concurrently to the following countries
1. 2. 3.
I, the undersigned, hereby declare that all the information contained herein and in the appendices is true, complete and correct.
Full Name and Title of applicant representative
Title or Responsibility

Submission Checklist

(To be completed for each application and strength and to accompany the cover letter)

We hereby confirm that the following key information is included with this submission

	Information submitted	YES	NO
	(please comment below, if requirements not fully met)		
This product and	strength is included in the current ZaZiBoNa expression of interest		
Comment			
A valid Manufac	turing Licence and/or valid GMP certificate for the FPP		
manufacturer(s)	is/are included.		
Comment			
Valid marketing	authorization data is included		
Comment			
Prequalified-API	or CEP is used to present API data, and respective CPQ, Letters of		
Access or EDQM	CEP are provided		
Comment			
If case API data	is submitted in full for an API site a declaration has been		
provided from	the API manufacturer that:		
· a\ Thay ha	we was ided to the CDD week feet was all confidential and non		
	ve provided to the FPP manufacturer all confidential and non-		
confide	ntial information regarding the preparation, control and		
stability	of the API as per ICH module 3.S.2;		
b) They wi	II inform the FPP manufacturer of any changes to the		
, ,	ition, control and stability of the API.		
ргерага	tion, control and stability of the Art.		
Comment:			
The QOS-PD and	QIS are provided as Word documents.		
Comment			
In case bioequiv	alence study is required (no biowaiver application), the BTIF is		
provided as a W	ord document.		
Comment			
In case biowaive	r application is requested, the BW-BCS or BW-BCS Additional Strength	form is	
provided as a W	ord document.		
Comment			
•	omitted is for at least 6 months under the accelerated testing		
	2 months under the long-term testing conditions and for at least 2		
pilot scale batch	es.		
Comment			
Data is presente	d on validation of the FPP manufacturing process		
Comment			
	red biobatch and the proposed blank master production record(s)		
for commercial p	production batch(es) are included in the CTD Dossier.		
Comment			
Data on validation	on or (where applicable verification) of analytical procedures for the		
API and FPP are	included in the CTD dossier.		
Comment			