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**Malta Medicines Authority Declaration for Form Submission**

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I, the applicant declare that all information given in the application form is true, complete and correct. I also bind myself to inform immediately any change to details in the application form and annexes, where relevant, to the Malta Medicines Authority.

Application Form: Select application form.

Company Name (if applicable): Click here to enter text.

Name & Surname\*: Click here to enter text.

Position: Click here to enter text.

Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click to enter a date.

\*Please insert Name & Surname, Signature of the applicant.