



MALTA

MEDICINES AUTHORITY

For office use only: MDRP Registration Form received on: _____

MDRP Registration Form Reference No.: _____

MDRP Reference No.: _____

MT-MDF11

Application Form for Medical Device Registered Person (MDRP)

The application is valid when submitted with the relevant documents and fees.

Refer to the *GL-MDS01 Guidance for Good Distribution Practice in relation to Medical Devices* and *GL-MDF07 Guidance on fees in relation to Medical Devices*. Guidance documents and Application Form are available on the Malta Medicines Authority website:

<http://www.medicinesauthority.gov.mt/medicaldevices>.

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www.medicinesauthority.gov.mt

Section A Applicant details

Surname:

Name:

Home address

Name/ No.:

Street:

Locality:

Country:

Post code:

Email address:

Telephone number:

Mobile number:

Section B Eligibility Criteria

i) Citizenship - Tick as applicable, providing relevant documentation.

EU citizen

 Valid Passport/Identity Card document

Non-EU citizen

 Permanent Maltese residence

 Maltese Working Permit

ii) Qualifications/Experience

Experience and qualifications will be assessed from the Curriculum Vitae provided.

iii) Medical Device Course certificate

Provide the name and certificate of the relevant course attended in relation to medical devices.

Section C Details of Payment

Proof of Payment attached

Section D Additional Documents

Citizenship document/s

Europass Curriculum Vitae

Medical Device Course certificate

Data Protection Consent Statement

The applicant hereby consents to the processing of their personal data by the Malta Medicines Authority and understands that this data shall be processed in accordance with the General Data Protection Regulation (GDPR), Regulation 2016/679/EU of the European Parliament and of the Council of 27 April 2016, the Data Protection Act (Chapter 586 of the Laws of Malta) and the Malta Medicines Authority Data Protection Policy (P-MA05). The applicant also understands that the Malta Medicines Authority shall process this personal data in line with the purposes they are initially collected for. Exceptions to the latter include when the data subject consents to the new purpose, when there is a legal provision requiring or allowing the new processing or when the new purpose is deemed compatible with the purposes the personal data were initially collected for.

Malta Medicines Authority Declaration for Form Submission

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.

Company Name (if applicable):

Name & Surname:

Position:

Signature: _____

Date: