**Applications:** **nirmed.application@sahpra.org.za**

 **Enquiries:** **nirmed.enquiry@sahpra.org.za**

**Annual information compliance (ASOCI):** **radcon.asoci@sahpra. org.za**

A: APPLICANT

|  |
| --- |
| **Name:** |
| **Postal Address:** | **Street Address:** |
|  |  |
|  |  |
|  |  |
|  | **Postcode:** | **Website:** |  |

B: PRODUCT INFORMATION

|  |
| --- |
| **A colour brochure containing the technical specifications for this model must accompany the completed application form.**  |
| **Brand:** |
| **Model:** |
| **Intended use of this product?** |
|  |
|  |
| **Manufacturer Name:** |
| **Manufacturer Address:** |
|  |
|  |
| **Manufacturer Website:** |

C: COMPANY CONTACT PERSON (to whom all licences are sent)

|  |  |
| --- | --- |
| **Name:** | **Title:** |
| **Designation:** |
| **Tel:** | **Cell:** |
| **Fax:** | **E-mail:** |
| **I hereby declare the information supplied to be correct and true to the best of my knowledge.** |
| **Signature:** | **Date:** |