



HIBCC PAKISTAN

EUDAMED SRN APPLICATION FORM

Section 1: Company Details

Contact Person * First Name Last Name

Contact No* Landline Mobile No

Company Longitude* (e.g 77.0364)

Company Latitude* (e.g 38.8951)

Company Website (if any)

Postal Address*

Street Number

Area

City

State

Country

Postal Code

Email ID (for EU login account) *

Subsection 1A

VAT Number for Europe

EORI Number for Europe

National Trade Register for Europe

Section 2: PRRC (Person Responsible for Regulatory Compliance)

Name*

Email*

Contact Number*

Address*

Responsible For:

Are there multiple PRRC's? if yes then provide other persons information (Optional)

Name*

Email*

Contact Number*

Address*

Responsible For:

Section 3: AR Information

Name*

Address*

Country*

SRN of AR*

Validity Date of Mandate*

Applicable Competent Body information (will be from country where AR is from) *

Section 4: Required Documents

1. Authorization Letter to HIBCC for EUDAMED Application initiation*
2. Organization Identity Documents *(any official document)
3. Declaration of Information of Security *
4. Authorized Representative Mandate*
5. Authorized Representative Mandate summary*

Note:

Please send the filled Application Form along with the above mentioned documents to sales@hibccpakistan.org

All provided docs should be in pdf format.

All provided docs should be signed and stamped.

Name:

Designation:

Stamp and Signature: