To the Center of Drug and medical technology expertise

Dear Colleagues

Planning to apply for Good Manufacturing Practice compliance inspection and providing the following information as a basis for drafting the Contract.

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| 1. **Applicant name and organization type**
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| 1. **Applicants address**
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| 1. **Name and Surname of the General director**
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| 1. **E-mail**
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| 1. Bank requisites
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| **6.Site name and address subject to Inspection** |  |
| **7.Type of product/process****(mark appropriate point)** | * **Sterile Products**
* **Non-sterile products**
* **Biological medicinal products**
* **Other products or manufacturing activity**
* **Packaging only**
* **Quality control testing**
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| **8.Preferred Site Inspection date** |  |