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** |  |
| 1. **Applicants address** |  |
| 1. **Name and Surname of the General director** |  |
| 1. **E-mail** |  |
| 1. Bank requisites |  |
| **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** |
| **8.Preferred Site Inspection date** |  |