

<Date>

<Reference>

European Procedures Department
NATIONAL AGENCY FOR MEDICINES AND MEDICAL DEVICES
48 Aviator Sanatescu Street
Sector 1, Code 011478
Bucharest
Romania

Subject: Letter of intent for the submission of <an application for marketing authorisation transfer><a notification under Article 61(3) of Directive 2001/83/EC><a notification under Minister of Health Order number 1205/2006>

Applicant details:

Name	:	<input type="text"/>
Address	:	<input type="text"/>
Contact person details (i.e. name, address, e-mail address, phone number, fax number)	:	<input type="text"/>

Application details:

This letter of intent for the submission of <an><a> <application for marketing authorisation transfer><notification under Article 61(3) of Directive 2001/83/EC>< notification under Minister of Health Order number 1205/2006> concerns the following medicinal product/s:

Medicinal product	Marketing authorisation number	MRP/DCP number
<Name of the medicinal product, strength, pharmaceutical form>	<MA no.Data>	

<Signature>

<Contact person Variation procedure>

<Title>