

<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 a variation

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 a <Type IA variation><Type IB variation><Type II variation><grouped applications><worksharing application>, <Variation procedure number>, concerns the following medicinal product/s:

Medicinal product	Marketing authorisation number	Procedure number
<Name of the medicinal product, strength, pharmaceutical form>	<MA no. .../Data>	<Product specific variation sequence number>

The following variation(s) are intended < to be submitted> < to be part of the grouped application>
< to be part of the grouped application following a worksharing procedure>:

Number as in the classification guideline	Title of variation as in the classification guideline	Type of variation:
< Number >	<Title of variation as in the classification guideline>	<Type of variation>

<Signature>

<Contact person Variation procedure>

<Title>