

Ref: SF02/2015/ra  
04/09/2015

**Letter of nomination for representation in the non-profit legal entity responsible for the implementation and maintenance of the safety features in compliance with the Falsified Medicines Directive**

\_\_\_\_\_ *[Name & address of Company/Organisation]*, hereby nominates, until further notice, \_\_\_\_\_ *[name of nominated person or stakeholder representative]* whose business address is \_\_\_\_\_ *[business address of nominated person]*.

\_\_\_\_\_ *[Name & address of Company/Organisation]*, is hereby also declaring that the following participating conditions / restrictions are applicable according to our companies' / organisations' memorandum of articles and any other policy:

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\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of the Company/Organisation**