1. **APPLICATION TYPE**

Please select the type of transfer applications as given below.

|  |  |
| --- | --- |
| **(EU)2017/745 Regulation** | |
| Enforced | Voluntary |
| For (EU)2017/745 Regulation mandatory change of Notified Body, the decision of Competent Authorities, where state the obligation, must be sent to us additionally. | |

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| Please send us the valid certificates additional the application. |
|  |
| Please sent us a letter authorizing the transfer signed by the Company. |
|  |
| Please send us the final assessment cycle report which was performed by the current notified body, the nonconformities detected in final assessment, closings of these nonconformities, corrective and preventive action plan related with non-conformities. |
|  |
| Please send us a report of any adverse events, like customer complaints and recalls, since the last assessment. |
|  |
| Please send us the assessment program and sampling plan related to the product(s) established by the current Notified Body. |
|  |

1. **REASON OF CHANGE**

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| Please state the reason of change in detail. |
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| \*Transfer agreement will be requested after approval of application between MCA and your company and the Current Notified Body. |

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| This form has been filled as the Annex of       dated FR.MED.01 Application Form of the Company. |

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| **Company Representative** | **Name, Surname, Title** | **Signature** | **Date** |
|  |  |  |