

Application to Join/Update of Record in GHWP

New Application Update of Record

The undersigned hereby applies to join/update the representative(s) in the Global Harmonization Working Party (GHWP) and agrees to observe the Terms of Reference of the Party. The nominated representatives to the Party are as follows:

1. Global Harmonization Working Party (GHWP) Representatives:

	Primary (Regulatory Authority)	Secondary (Regulatory Authority)	Primary (Industry)	Secondary (Industry)
Name				
Position				
Organization				
Email				

2. Global Harmonization Working Party Technical Committee (GHWPTC) Representatives:

	Primary (Regulatory Authority)	Secondary (Regulatory Authority)	Primary (Industry)	Secondary (Industry)
Name				
Position				
Organization				
Email				

3. To be filled by the GHWP Primary Representative (Regulatory Authority):

Name:	(First Name)	(Surname)
Position:		
Organization:		
Address:		
Economy:		
Email:		Tel No: _____
_____		_____
Signatory		Date

Remarks:

- The application shall come from the medical device regulatory authority/government of an economy.
- The Terms of Reference and related information could be found at GHWP website at <http://www.ghwp.info>.
- Please send the duly signed application form to the GHWP Secretariat at email secretariat@ghwp.info