



Global Harmonization Working Party

Towards Medical Device Harmonization

Note: The completed application form shall be sent to the GHWP Secretariat via email (secretariat@ghwp.info)

Application to Join the GHWP Safety Alert Dissemination System (SADS)

Being a member of GHWP and the regulatory authority of medical devices, we would like to nominate the following officers to be our contact points of the GHWP SADS:

Member Economies[#]		
Representative (1)[#]	Title	Dr / Ir / Mr / Mrs / Ms*
	Name	<i>(Last Name)</i> <i>(First Name)</i>
	Post	
	e-mail	
Representative (2)[#]	Title	Dr / Ir / Mr / Mrs / Ms*
	Name	<i>(Last Name)</i> <i>(First Name)</i>
	Post	
	e-mail	

We hereby agree to observe and comply with the **AHWP/WG2/SADS/001** Framework for GHWP Safety Alert Dissemination System (SADS) and **AHWP/WG2/SADS/002** Safety Alert Dissemination System (SADS): Safety Alert Dissemination Criteria, Procedures and Form.

Regulatory Authority[#] (Primary/Secondary Representative*)	Date[#] (dd/mmm/yyyy)
(Signature)	
(Name)	

(#) Indicates Mandatory Field; (*) Delete as appropriate