European Directorate for the Quality of Medicines & HealthCare
Certification of Substances Department

Application Form
REQUEST FOR REVISION OR RENEWAL OF A CERTIFICATE OF SUITABILITY

(to be filled in for each request for revision or renewal of a Certificate of Suitability to the monographs of the European Pharmacopoeia, in accordance with Resolution AP-CSP (07) 1)

Date of submission: ……./……/……

Format of submission (select <u>one</u> only):

☐ *eCTD** ☐ *NeeS*

Does the submission result from a Technical advice meeting?

☐ *Yes please provide the date* ☐ *No*

1. General Information

1.1 Dossier number and substance

CEP ……/ **[Substance name] ……**

Subtitle *(if applicable)* **……**

In case of grouped revision (a revision affecting several CEPs), please list the dossier numbers and substances here:
CEP ……/ [Substance name] ……

1.2 Type of application *(Please tick <u>one</u> box only)*

☐ Notification *(may include several changes)*

☐ Minor revision *(may include several changes including notifications)*

☐ Major revision (*may include notifications and minor changes)*

☐ Renewal *(notifications and minor changes may be included)*

☐ Grouped revision *(several dossiers affected)*

☐ Transfer of holdership

2. Names and addresses

2.1 Certificate holder: (NB. for *cases where the holder will not be the manufacturer please refer to 4.2)*	
Name of the company*	
Address*	
Postcode*	
Town*	
Country*	
Telephone*	
E-mail*	
Name of a contact person within the company *(if different from 2.2)*	

Fields marked * are mandatory

2.2 Contact person authorised for communication on behalf of the holder : *(if different from manufacturer please provide an authorisation letter - see Annex 1)*:	
Title* (Mrs, Mr, Dr)	
First name*	
Family name*	
Job title/Department	
Name of the company*	
Address for correspondence*	
Postcode*	
Town*	
Country*	
Telephone*	
E-mail*	

Fields marked * are mandatory

2.3 Manufacturing site(s): detailed name and address of all sites involved in the manufacture of this substance *(if different from the intended holder, please also refer to 4.2)*

◦ *All sites involved in the manufacture of the active substance from the introduction of starting material(s), including quality control / in process testing sites, intermediate manufacturers, milling, micronisation and sterilisation sites should be listed in separate boxes and their role should be specified*

This section should be completed for a renewalor if there are changes to the previously submitted application form(s).

Role*	
Name of the company *	
Address*	
Postcode*	
Town*	
Country*	
Telephone*	
E-mail*	
GPS (WGS 84) coordinates of the site*: Latitude (S or N) and Longitude (E or W) expressed in Degrees Minutes Seconds to 1 decimal place (Alternatively it can be expressed in Degrees to at least 5 decimal places or Degrees Minutes to at least 3 decimal places) ☐ main entrance ☐ if not main entrance, specify the place:	
DUNS number	

Fields marked * are mandatory

Role*	
Name of the company *	
Address*	
Postcode*	
Town*	
Country*	
Telephone*	
E-mail*	
GPS (WGS 84) coordinates of the site*: Latitude (S or N) and Longitude (E or W) expressed in Degrees Minutes Seconds to 1 decimal place (Alternatively it can be expressed in Degrees to at least 5 decimal places or Degrees Minutes to at least 3 decimal places) ☐ main entrance ☐ if not main entrance, specify the place	
DUNS number	

Fields marked * are mandatory

3. Comparative table *(as described in Annex 7)* (mandatory for all submissions)

The comparative table should highlight the differences between the approved and proposed text of module 3, together with the correct classification of each and all changes according to the EDQM Guideline for revisions. If necessary the justification for the change could be fully developed in the cover letter.

4. Declarations

4.1. Signed holder's commitments *(as described in Annex 6)* (for all submissions)

4.2 Updated declarations (when relevant e.g. for the addition of a manufacturer of intermediate or for a renewal)

- ✓ **Signed declaration of manufacture (for each manufacturing site, if relevant) in accordance with the dossier and according to GMP rules** *(as described in Annex 3a)*
  (or, if the substance is not a drug substance, a suitable quality assurance system, specifying which rules/guidelines/standards are followed, *as described in Annex 3b).*

- ✓ **Signed declaration of willingness to be inspected (for each manufacturing site, if relevant).** This also applies for holders when different from manufacturers *(as described in Annex 4).*

- ✓ **Signed declaration on use or non-use of materials of human or animal origin including TSE risk materials (not to be submitted in case of an application for a TSE certificate***) (as described in Annex 5)*

- ✓ **Holder different from manufacturer:**

  In cases where the holder of the certificate will not be the manufacturer, please provide the following declarations:

  - A declaration from the manufacturer to commit to inform the holder of any change made so that the dossier submitted to the EDQM can be updated without any delay by the holder *(see Annex 2).*
  - Declarations of willingness to be inspected from both the holder and the manufacturer *(as described in Annex 4)*

5. History of the product

This section is to be filled in only for renewals.

5.1 List of marketed medicinal products

Please provide a list of marketed medicinal products **within the European Union containing the product manufactured by your company according to the synthetic route presented in the dossier,** and key dates *(use additional sheets if necessary)*

Brand name of medicinal products and company name	Country	Registration number and date	Commercialisation date

5.2 List of submitted ASMF (for renewals)

Please provide a list of referenced Authorities/Jurisdictions (**within the European Union, Switzerland, Canada, Australia, New Zealand, Singapore, Brazil, Mexico, South Africa, Japan, China, South Korea, Taiwan, USA, WHO**) where your company has submitted an ASMF **for the substance manufactured by your company according to the synthetic route presented in the dossier**

Country / Jurisdiction	Registration Number	ASMF Holder's version number and Date of submission	ASMF Holder's version number and Date of the last update when relevant

6. Way of submission

Electronic submissions should be sent via the Common European Submission Portal "CESP". Users can register for a CESP account on the CESP website.

7. Invoicing details (mandatory)

Following receipt of the application EDQM will send you an invoice. Please proceed with payment **after** you receive the invoice.

CEP number:		Name of the substance:	
Date of receipt of the application (for EDQM):			

Reference	Item	Price	Tick as appropriate
CEP 004	Renewal	1500 €	☐
CEP 009	Notification	1000 €	☐
CEP 005	Minor revision	1500 €	☐
CEP 019	Grouped revisions (affecting several dossiers)	2000 €	☐
CEP 020	Major revision (may include minor changes and notifications)	2000 €	☐
CEP 006	Transfer of Holdership	1500 €	☐
CEP 015	Evaluation of sterility data	3000 €	☐

Contact person for the application, authorised for communication on behalf of the holder:	
Title* (Mrs, Mr, Dr)	
Contact first name*	
Contact family name*	
Job title/Department	
Company name*	
Address*	
Postcode*	
City*	
Country*	
Telephone*	
Email*	

Fields marked * are mandatory

	INVOICING ADDRESS
COMPANY DETAILS	
EDQM Client Code	
Company name (*):	
Address(*)	

City (*):	
Postcode (*)	
Region/State	
Country (*)	
VAT Number (**)	
Tel (switchboard) (*)	
Fax (*)	
Email (*)	
Contact name(*)	
Contact first name (*)	
Job title (*)	
Department (*)	
Tel (*)	
Email (*)	
Your purchase order number (if applicable)	

Fields marked (*) are mandatory. Fields marked with (**) are required for EU only.

Please note that new customers and customers who did not place any order during the last 18 months on their EDQM account, will have to complete a Customer account & Credit application form which will be sent before the invoice is issued.

If payment will come from several sources, please identify below the names of those companies that will pay:

_____

_____

PREFERRED LANGUAGE (for invoicing/accounting only): ☐ English ☐ French

AREA OF ACTIVITY/OCCUPATION (please tick the appropriate box)

- ❒ Manufacturer of raw material
- ❒ Manufacturer of pharmaceutical products
- ❒ Manufacturer of other products (e.g. cosmetics)
- ❒ National Authority, Regulatory Authority, Supervising Authority, OMCL
- ❒ Retail
- ❒ Distributor
- ❒ University
- ❒ Private Laboratory
- ❒ Other
- ❒ Hospital

PAYMENT

Following receipt of your application, we will send you an invoice. Please note that we must receive payment within 30 days end of month. No certificate will be issued without receipt of payment. Details of payment methods will be outlined on the invoice. You will be able to settle your invoice by:

1. BANK TRANSFER
2. CREDIT CARD

Annex 1

Template letter of Authorisation

[address of the manufacturer]

[date and place]

LETTER OF AUTHORISATION

We, [name of the manufacturer], hereby authorise, [name of the authorised representative], to act as official representative for our Certificate of Suitability for [name of the substance].

Signature

Annex 2

Template declaration in cases where the manufacturer is not the holder of the Certificate of Suitability

[name and address of the manufacturer]

[date and place]

LETTER OF AGREEMENT

We [name of the manufacturer] commit ourselves to inform [name of the holder], holder, of any necessary information and also of any change in the content of the dossier for the Certificate of Suitability for [name of the substance] so that they may be notified to the European Directorate for the Quality of Medicines & HealthCare by the holder during the assessment of the dossier and/or after the certificate has been granted.

Signature [Company Representative of the manufacturer of the substance]

Annex 3a

Template letter of declaration that the manufacture of the drug substance is according to the presented dossier and to GMP

[name and address of the manufacturer]

[date and place]

LETTER OF DECLARATION OF MANUFACTURE ACCORDING TO THE PRESENTED DOSSIER AND TO GMP RULES FOR APIs

We [name of the manufacturer] hereby declare that we manufacture [name of the substance] according to the presented dossier and to the GMP requirements:

- EU guidelines on Good Manufacturing Practice for Active Substances used as Starting Materials (as published in the Rules governing Medicinal Products in the European Union, Volume 4, Part II)
- If the substance is sterile, EU guidelines on Manufacture of sterile medicinal products (as published in the Rules governing Medicinal Products in the European Union, Volume 4, Annex I)

Signature [Company Representative of the manufacturer of the substance]

Annex 3b

Template letter of declaration that the manufacture of the substance is according to the presented dossier and to GMP rules / quality assurance system

(applies to TSE risk substances or excipients).

[name and address of the manufacturer]

[date and place]

LETTER OF DECLARATION OF MANUFACTURE ACCORDING TO THE PRESENTED DOSSIER AND TO GMP RULES AND / OR A QUALITY ASSURANCE SYSTEM

We [name of the manufacturer] hereby declare that we manufacture/produce [name of the substance] according to the presented dossier and to the following GMP rules and / or quality assurance system:
(*Please specify the rules applied: give full text reference and date of implementation*)

Signature [Company Representative of the manufacturer of the substance]

Annex 4

Template letter of declaration of willingness to be inspected

[name and address of the manufacturer/holder]

[date and place]

LETTER OF DECLARATION OF WILLINGNESS TO BE INSPECTED ACCORDING TO THE PRESENTED DOSSIER AND TO THE GMP RULES

We [name of the manufacturer/holder] hereby declare that we are willing to be inspected concerning the manufacture/production of [name of the substance] if requested by a relevant authority.

Signature [Company Representative of the manufacturer /holder

Note : In cases where the holder would not be the manufacturer but an authorised agent the same letter of declaration should ***also*** *be supplied by the holder (authorised agent).*

Annex 5

Template declaration on the use of substances of animal/human origin

(not applicable for applications for TSE risk)

[name and address of the manufacturer]

[date and place]

LETTER OF DECLARATION OF MANUFACTURE REGARDING THE USE OF MATERIAL OF HUMAN OR ANIMAL ORIGIN INCLUDING SUBSTANCES AT RISK OF TRANSMITTING AGENTS OF ANIMAL SPONGIFORM ENCEPHALOPATHIES

☐ We, [name of COMPANY], hereby confirm that materials used in the manufacturing process of [name of SUBSTANCE] are not of human or animal origin. *

OR *

☐ We, [name of COMPANY], hereby confirm that the following materials of human or animal origin are used in the manufacturing process of [name of SUBSTANCE] (Table below to be filled in):

Name of the material	Function[1]		Animal origin susceptible to TSE[2]	Other animal origin	Human origin
	SM	R			
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

1 SM = Starting Material, R= Reagent

2 As defined in the section 2 (scope) of *Ph. Eur. chapter 5.2.8 Minimising the risk of transmitting animal spongiform encephalopathy agents via medicinal products and the related general monograph no. 1483*

☐ If a Ph. Eur. Certificate of Suitability for TSE is available, tick and attach it.

Signature [Company Representative of the manufacturer of the substance]

**please tick the relevant paragraph*

Annex 6

Declaration of Holder's commitments, to be filled in for each submission

[name and address of the holder]

[Dossier nr/Substance name]

[date and place]

HOLDER'S COMMITMENTS

We certify that we have read the Resolution AP-CSP (07) 1 governing the Certification procedure and the administrative provisions associated with this procedure. These provisions may be subject to change during the evaluation of the dossier according to the administrative and/or regulatory requirements in force, and we accept this.

We hereby commit ourselves to inform without delay all our customers of any revision, suspension, or cancellation of our Certificate of Suitability.

We are informed of and accept that the Certification of Substances Department of the European Directorate for the Quality of Medicines & Healthcare may share the assessment reports for this application with the National Competent Authorities of the Ph. Eur. Member states, and with the EMA including EMA committees and working parties/groups and the members and experts thereof.

We agree to the procedure for the destruction of the submitted documents:

- Electronic files and scanned documents are kept for at least 5 years after the dossier is closed.

Signature [Company Representative of the holder]

Annex 7

TEMPLATE OF COMPARATIVE TABLE TO BE PROVIDED IN MODULE 1, AS A SEPARATE DOCUMENT TO THE APPLICATION FORM.

All changes should be listed in the table

CTD section reference	Approved text of the dossier[1]	Proposed text of the dossier[2,3]	Classification[4] of the change(s) and brief justification

[1, 2] specify the precise approved and proposed wording of the CTD section

[3] underline or highlight the changes in the text

[4] classification according to current version of EDQM Guideline for revisions/renewals PA/PH/CEP (04) 2, including a brief description and justification of the changes, if necessary a complete justification should be provided in the cover letter