

## Application to Join/Update of Record in AHWP

☐ New Application

☐ Update of Record

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

### 1. Asian Harmonization Working Party (AHWP) Representatives:

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

### 2. Asian Harmonization Working Party Technical Committee (AHWPTC) Representatives:

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

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

Name:	(First Name)		(Surname)	
Position:				
Organization:				
Address:				
Economy:				
Email:		Tel No:		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/>             Signatory         </div> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/>             Date         </div> </div>				

#### 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 AHWP website at <http://www.ahwp.info>.
- Please send the duly signed application form to the AHWP Secretariat at email [secretariat@ahwp.info](mailto:secretariat@ahwp.info).