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

**Application to Join the AHWP Safety Alert Dissemination System (SADS)**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Economies#** |  | | |
| **Representative (1) #** | **Title** | **Dr / Ir / Mr / Mrs / Ms\*** | |
| **Name** | *(Last Name)* | *(First Name)* |
| **Post** |  | |
| **e-mail** |  | |
| **Representative (2) #** | **Title** | **Dr / Ir / Mr / Mrs / Ms\*** | |
| **Name** | *(Last Name)* | *(First Name)* |
| **Post** |  | |
| **e-mail** |  | |

We hereby agree to observe and comply with the **AHWP/WG2/SADS/001** Framework for AHWP 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**

*Jun 2021 Version*