

## 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:		
Country/Region:		
Email:		Tel No: _____
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 40%;"></div> <div style="border-top: 1px solid black; width: 40%;"></div> </div> <p style="text-align: center; margin-top: 5px;"> <span style="margin-right: 100px;">Signatory</span> Date         </p>		

Remarks:

1. The application shall come from the medical device regulatory authority/government of a country/region.
2. The Terms of Reference and related information could be found at GHWP website at <http://www.ghwp.info>
3. Please send the duly signed application form to the GHWP Secretariat at email [secretariat@ghwp.info](mailto:secretariat@ghwp.info)