



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

11 October 2022
EMA/233564/2014 - Rev. 4
Procedures Office
Committees and Quality Assurance Department

European Medicines Agency practical guidance on the application form for centralised type IA and IB variations

This document is intended as guidance to facilitate the completion of the application form for type IA and IB variations to be submitted in the Centralised Procedure and should be read in conjunction with the [EMA/CMDh Explanatory Notes on Variation Application Form](#) (CMDh/EMA/133/2010).

Official address Domenico Scarlattilaan 6 • 1083 HS Amsterdam • The Netherlands

Address for visits and deliveries Refer to www.ema.europa.eu/how-to-find-us

Send us a question Go to www.ema.europa.eu/contact **Telephone** +31 (0)88 781 600

An agency of the European Union





**EUROPEAN COMMISSION
HEALTH AND CONSUMERS DIRECTORATE-GENERAL**

Health Systems and products

September 2021

NOTICE TO APPLICANTS

**APPLICATION FOR VARIATION TO
A MARKETING AUTHORISATION**

TABLE OF CONTENTS

- 1. APPLICATION FOR VARIATION TO A MARKETING AUTHORISATION**
- 2. PRODUCTS CONCERNED BY THIS APPLICATION⁷**
- 3. TYPES OF CHANGE(S)**

ANNEXED DOCUMENTS (WHERE APPROPRIATE)

DECLARATION OF THE APPLICANT

SIGNATURE

NOTES


FORM VALIDATION

1. APPLICATION FOR VARIATION TO A MARKETING AUTHORISATION

- Human Veterinary
- National Authorisation in MRP/DCP
- EU Authorisation
- National Authorisation




Please leave blank. The procedure number will be assigned by the Agency upon receipt of the application.

For Worksharing (WS) or IG applications only: the pre-allocated WS or IG number should be included.

Variation procedure number(s)¹ 

+ -

Type of Application (tick all applicable options)

- Single variation
- Grouping of variations
 - Including a line extension³ 
- Worksharing
- Type IA_{IN}
- Type IA
- Type IB unforeseen² 
- Type IB
- Type II
- Type II Art. 29⁴ 

All applicable options should be indicated by ticking the appropriate boxes

Change(s) concern(s) (for Type IB and Type II variations only, tick all changes applicable)

- Indication
- Paediatric requirements
- Safety
- Quality
- Annual variation for human influenza vaccines
- Non-food producing target species
- Other

Name and address of the MA Holder⁵ ?

Member State + -

Please select organisation from SPOR OMS to autofill address details. If the organisation is not found or the address details are not correct, please visit the OMS page in the SPOR portal for more information: <http://spor.ema.europa.eu/omswi/#/> Find Organisation Clear Address

Company name

Address

City/Locality/Town/Village

State

County

Postcode

Country

Telephone

E-mail

Select MAH from OMS by clicking 'find organisation'

Contact details of the authorised contact person registered with the Agency should be up-to-date. If you need to notify us of a change, follow the instructions on our website "[Notifying EMA of changes to contact persons](#)"

Name and address of contact person⁶ ?

Copy contact details from previous Section + -

Member State + -

Title

First name

Surname

Please select organisation from SPOR OMS to autofill address details. If the organisation is not found or the address details are not correct, please visit the OMS page in the SPOR portal for more information: <http://spor.ema.europa.eu/omswi/#/> Find Organisation Clear Address

Company name

Address

City/Locality/Town/Village

State

County

Postcode

Country

Telephone


E-mail

Only click here if the Contact Point is located at the MAH address.


Otherwise, include name of contact point and select affiliated organisation from OMS by clicking 'find organisation'

2. PRODUCTS CONCERNED BY THIS APPLICATION⁷

Form and Strength information is provided in footnote

 + -
Clone

Active Substance + -
ACETYLSALICYLIC ACID ▼ + -

MA Number(s) ⁸ 	Invented Name	MA Holder Name	Pharmaceutical Form	Strength	Unit	+ - Clone
EU/1/00/123/001 + -	WonderPill ▼	XYZ AB ▼	Film-coated tablet ▼	500 ▼	mg ▼	+ - Clone
EU/1/00/123/003 + -	WonderPill ▼	XYZ AB ▼	Film-coated tablet ▼	500 ▼	mg ▼	+ - Clone
EU/1/00/123/008 + -	WonderPill ▼	XYZ AB ▼	Film-coated tablet ▼	500 ▼	mg ▼	+ - Clone
EU/1/00/123/009 + -	WonderPill ▼	XYZ AB ▼	Film-coated tablet ▼	500 ▼	mg ▼	+ - Clone

Only the presentation(s) (EU number(s)) affected by the change(s) should be listed. Please do not include by default the latest Annex A with the list of all approved presentations.

For applications relating solely to the addition of new presentation(s), only the new presentation(s) should be indicated (EU number(s) confirmed with the Agency prior to submission).

If different changes apply to different presentations, all affected presentations should be listed in the table and a detailed description of the changes, together with an explanation of which change(s) apply/ies to which presentation(s), should be included in the 'Precise scope' section of the Application Form.

3. TYPES OF CHANGE(S)

Variations included in this application: Please follow instructions below to add variation
fill Section 1 of the form first, so as for the proper variations to be loaded. Navigate through the dropdown lists, in order to show the variation.

You can select the variation by clicking the relevant checkbox of the variation box.

Note: Any change in Type of Application in Section 1, will delete any selected variation!

Variation	Selected
B.I.a.3.a	1
B.II.a.3.a.1	1
B.III.2.z	1
B.II.b.1.a	1

Show Selected Variations

Show Variation Lists

For variations concerning a single product, identical scope(s) (change(s)) should be repeated as many times as needed.

For IG applications (1 or >1 Type IA/IA_{IN} variations affecting >1 product of the same MAH) or WS applications (a (group of) Type IB and/or Type II and/or Type IA/IA_{IN} variations affecting >1 product of the same MAH), the same scope(s) (change(s)) must be applied to all products concerned by the application. The scope(s) applied for **should not** be repeated for each product as this will incur into unnecessary fees being invoiced.

Grouping of variations is being selected. You may choose var

select B.I.a.3.a - QUALITY CHANGES - ACTIVE SUBSTANCE - Manufacture - Change in batch size (including batch size ranges) of active substance or intermediate used in the manufacturing process of the active substance - Up to 10-fold increase compared to the originally approved batch size

Procedure Types: IA IB

Implement. Date: 2022-07-01 Implement. Note:

Conditions:

The change does not adversely affect the reproducibility of the process.
 Note:

The active substance is not sterile.
 Note:

The product concerned is a biological/immunological medicinal product.
 Note:

The batch size is within the 10-fold range of the originally approved batch size for Type IA variation.
 Note:

Test results of at least two batches according to the specifications.
 Note:

The specifications of the active substance/intermediate remain the same.
 Note:

Any changes to the manufacturing process are only those necessitated by those changes.
 Note:

Documentations:

A declaration from the marketing authorisation holder or the ASMF holder as appropriate that the changes to the manufacturing methods are only those necessitated by set-up or downscaling, e.g. use of different-sized equipment, that the change does not adversely affect the reproducibility of the process, that it is not the result of unexpected events arising during manufacture or because of stability concerns and that the specifications of the active substance/intermediates remain the same.
 Note:

The batch numbers of the tested batches having the proposed batch size.
 Note:

Amendment of the relevant section(s) of the dossier (presented in the EU-CTD format or NTA volume 6B format for veterinary products, as appropriate).
 Note:

Implementation dates for Type IA/IA_{IN} variations should be included here (see guidance for the 'Meaning of "implementation" for Type IA variations')

By ticking these boxes, the applicant confirms that the applicable conditions are met and required documentation provided. Where needed, the applicant can add clarification as to why it considers conditions to be fulfilled or where the required documentation or justification can be found. If any of the relevant conditions and/or documentation are not applicable, "n/a" should be included alongside a justification.

select B.II.a.3.a.1 - QUALITY CHANGES - FINISHED PRODUCT - Description and composition - Changes in the composition (excipients) of the finished product - Changes in components of the flavouring or colouring system - Addition, deletion or replacement

Procedure Types: IA IB

Implement. Date: 2021-07-30 Implement. Note:

Conditions:

Any new proposed components must comply with the relevant Directives (e.g. Directive 94/36/EC and 2008/128/EC for colours for use in foodstuffs and Directive 88/388/EEC for flavourings).
Note: N/A

Where applicable, the change does not affect the differentiation between strengths and does not have a negative impact on taste acceptability for paediatric formulations.
Note:

Any new component does not include the use of materials of human or animal origin for which assessment is required of viral safety data or compliance with the current Note for Guidance on Minimising the Risk of Transmitting Animal Spongiform Encephalopathy Agents via Human and Veterinary Medicinal Products.
Note: N/A

The finished product specification has only been changed in respect of appearance/odour/taste and if relevant, deletion of an identification test.
Note:

For veterinary medicinal products for oral use, the change does not affect the uptake by target animal species.
Note: N/A

The change is not the result of stability issues and/or should not result in safety concerns, i.e. differentiation between strengths.
Note:

No change in functional characteristics of the pharmaceutical form, e.g. disintegration.
Note:

Any minor adjustment to the formulation to maintain the total weight should be made by formulation.
Note:

Stability studies have been started under ICH/VICH conditions (with indication of batch number, pilot scale or industrial scale batches and at least three months satisfactory stability data are at time of notification for Type IBs) and that the stability profile is similar to the current product.
Note:

Documentations:

Data to demonstrate compliance with the finished product specification.
Note: Please refer to Annex 1 enclosed in module 12-form.

Sample of the new product, where applicable (see Notice to Applicants Requirements for samples in the Member States).
Note: N/A

A declaration that the required stability studies have been started under ICH/VICH conditions (with indication of the batch numbers concerned) and that, as relevant, the required minimum satisfactory stability data were at the disposal of the applicant at time of implementation and that the available data did not indicate a problem.
Note: Please refer to ema-form-declaration-stability enclosed in module 12-form.

Either a Ph. Eur. Certificate of Suitability for any new component of animal susceptible to TSE risk or where applicable, documentary evidence that the specific source of the TSE risk material has been previously assessed by the competent authority and shown to comply with the scope of the current Note for Guidance on Minimising the Risk of Transmitting Animal Spongiform Encephalopathies via Human and Veterinary Medicinal Products.
Note: N/A

Amendment of the relevant section(s) of the dossier (presented in the EU-CTD format or NTA volume 6B format for veterinary products, as appropriate), including identification method for any new colorant, where relevant, and including revised product information as appropriate.
Note:

Implementation dates for Type IA/IA_{IN} variations should be included here (see guidance for the 'Meaning of "implementation" for Type IA variations')

By ticking these boxes, the applicant confirms that the applicable conditions are met and required documentation provided. Where needed, the applicant can add clarification as to why it considers conditions to be fulfilled or where the required documentation or justification can be found. If any of the relevant conditions and/or documentation are not applicable, "n/a" should be included alongside a justification.

select B.III.2.z - QUALITY CHANGES - CEP/TSE/MONOGRAPHS - Change to comply with Ph. Eur. or with a national pharmacopoeia of a Member State - To reflect compliance with the Ph.Eur. and remove reference to the internal test method and test method number for active substance

Procedure Types: IA

Implement. Date: 2020-08-07 Implement. Note:

Article 5

Clone

Implementation dates for Type IA/IA_{IN} variations should be included here (see guidance for the 'Meaning of "implementation" for Type IA variations')

Art. 5 box should be ticked when the classification was subject to a CMDh Article-5 recommendation procedure: <http://www.hma.eu/293.html>

select	<input checked="" type="checkbox"/> B.II.b.1.a - QUALITY CHANGES - FINISHED PRODUCT - Manufacture - Replacement or addition of a manufacturing site for part or all of the manufacturing process of	
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin-left: 150px;"> Implementation dates for Type IA/IA_{IN} variations should be included here (see guidance for the 'Meaning of "implementation" for Type IA variations') </div>		
Procedure Types: IA _{IN} <input checked="" type="checkbox"/> IB <input type="checkbox"/>		
Implement. Date: <input type="text" value="2022-01-17"/> Implement. Note: <input type="text"/>		
Conditions:		
<input checked="" type="checkbox"/> Site appropriately authorised (to manufacture the pharmaceutical form or product concerned). Note: <input type="text"/>		
<input checked="" type="checkbox"/> Satisfactory inspection in the last three years by an inspection service of one of the Member States of the EEA or of a country where an operational Good Manufacturing Practice (GMP) mutual recognition agreement (MRA) exists between the country concerned and the EU. Note: <input type="text"/>		
Documentations:		
<input checked="" type="checkbox"/> Amendment of the relevant section(s) of the application form (presented in the EU-L1D format or NIA volume 68 format for veterinary products, as appropriate). Note: Please refer to the updated section(s) of the application form. Manufacturer(s).		
<input checked="" type="checkbox"/> Proof that the pharmaceutical form is appropriately authorised in the Member State(s) where the pharmaceutical form or product concerned. Note: Endose MIA (or MIA certificate) exists, the certificate number should be included in the application form. It is also sufficient to include reference to the Eudra GMP reference number in the application form.		
<input checked="" type="checkbox"/> The variation application form should clearly identify the authorised finished product manufacturers as listed in section 2.5 of the application form. Note: Remember to select site from OMS in the application form.		

By ticking these boxes, the applicant confirms that the applicable conditions are met and required documentation provided. Where needed, the applicant can add clarification as to why it considers conditions to be fulfilled or where the required documentation or justification can be found. If any of the relevant conditions and/or documentation are not applicable, "n/a" should be included alongside a justification.

PRECISE SCOPE AND BACKGROUND FOR CHANGE, AND JUSTIFICATION FOR GROUPING, WORKSHARING AND CLASSIFICATION OF UNFORESEEN CHANGES (if applicable)

(include a description and background of all the proposed changes. In case of grouping and worksharing a justification should be provided in a separate paragraph. If a variation concerns an unforeseen change, include a justification for its proposed classification).

Describe details (background) of the change(s) applied for.

This is a grouped variation application to introduce changes relating to the active substance (acetylsalicylic acid) and to the finished product (500mg film-coated tablets presentations only)

B.II.a.3.a.1 - Change in the composition of the colouring of the 500 mg film-coated tablets (EU/1/00/123/001, 003, 008 and 009) to remove carnauba wax.

B.I.a.3.a - To include an alternative batch size of 150kg for the active substance acetylsalicylic acid in addition to the currently approved batch sizes of 100 and 125kg.

B.III.2.z - To reflect compliance with the Ph. Eur. and remove reference to the internal test method and test method number for the active substance acetylsalicylic acid.

B.II.b.1.a - To add ABC Packaging Ltd (6 Domenico Straat, Amsterdam, 1083HH, Netherlands) as a site responsible for secondary packaging of the finished product.

The precise scope should be clear and detailed. A ['Guidance for applicants for the preparation of the 'precise scope' section of the variation application form'](#) has been prepared to support marketing authorisation holders in completing this section.

When there is a **grouped** procedure, the changes should be made clear in the 'Precise scope' section and should correspond to the 'Present and proposed' table.

For Type IB grouped applications a justification for grouping should be provided.

For type IA grouped applications, there is no need to provide a justification for grouping.

For **IG applications** (1 or >1 Type IA/IA_M variations affecting >1 product of the same MAH) or **WS applications** (a (group of) Type IB and/or Type II and/or Type IA/IA_M variations affecting >1 product of the same MAH), the same scope(s) (change(s)) must be applied to all products concerned by the application. The scope(s) applied for **should not** be repeated for each product as this will incur into unnecessary fees being invoiced.

If the **product information** is updated, the sections of the SmPC should be specified along with a description of the change. In case there are additional updates to specific languages this should also be briefly mentioned in the "Precise scope".

I

	PRESENT ^{9,10}	PROPOSED ^{9,10}
Scope	B.II.a.3.a.1	
Text	<p>Module 3.2.P.1 (WonderPill 500mg film-coated tablets)</p> <p>Excipients: Carnauba wax, Corn starch, Hypromellose, Powdered cellulose, Triacetin.</p> <p>SmPC</p> <p>6.1 List of excipients</p> <p>Carnauba wax Corn starch Hypromellose Powdered cellulose Triacetin</p> <p>A. LABELLING</p> <p>3. LIST OF EXCIPIENTS</p> <p>Excipients: carnauba wax, corn starch, hypromellose, powdered cellulose, triacetin</p> <p>B. PACKAGE LEAFLET</p> <p>6. Contents of the pack and other information</p> <p>What WonderPill contains The active substance is acetylsalicylic acid. Each film-coated tablet contains 500 mg of acetylsalicylic acid.</p> <p>The other ingredients are:</p> <p>Tablet core: [...]</p> <p>Film-coating: Carnauba wax Corn starch Hypromellose Powdered cellulose Triacetin</p>	<p>Module 3.2.P.1 (WonderPill 500mg film-coated tablets)</p> <p>Excipients: Carnauba wax, Corn starch</p> <p>SmPC</p> <p>6.1 List of excipient</p> <p>Carnauba wax Corn starch Hypromellose Powdered cellulose Triacetin</p> <p>A. LABELLING</p> <p>3. LIST OF EXCIPIENT</p> <p>Excipients: carnauba wax</p> <p>B. PACKAGE LEAFLET</p> <p>6. Contents of the pack</p> <p>What WonderPill cont The active substance is 500 mg of acetylsalicylic acid.</p> <p>The other ingredients an</p> <p>Tablet core: [...]</p> <p>Film-coating: Carnauba wax Corn starch Hypromellose Powdered cellulose Triacetin</p>

In the "Present and proposed" table, the Applicant should:

- indicate the dossier section numbers at the lowest possible level according to eCTD
- followed by the scope number
- followed by the actual current and proposed wording as per footnote (*note: general statements that 'the section has been updated' or 'a summary of the updated sections' are not acceptable*);
- list all the changes declared in the "Precise scope" section. If the description of changes is extensive, it is possible to include an Annex to the application form.
- highlight all changes (underline additions and strikethrough deletions).

	PRESENT ^{9,10}	PROPOSED ^{9,10}
	<p>Please select organisation from SPOR OMS to autofill address details. If the organisation is not found or the address details are not correct, please visit the OMS page in the SPOR portal for more information: http://spor.ema.europa.eu/oms/wi/#/</p> <p>Find Organisation Clear Address</p> <p>Company name</p> <p>Address</p> <p>City/Locality/ Town/Village</p> <p>State</p>	<p>Please select organisation from SPOR OMS to autofill address details. If the organisation is not found or the address details are not correct, please visit the OMS page in the SPOR portal for more information: http://spor.ema.europa.eu/oms/wi/#/</p> <p>Find Organisation Clear Address</p> <p>Company name</p> <p>Address</p> <p>N/A</p> <p>City/Locality/ Town/Village</p> <p>State</p> <p>County</p> <p>Postcode</p> <p>Country</p> <p>Telephone</p> <p>E-mail</p>
	<p>I declare this variation does NOT result in any changes in manufacturers (i.e. name/address change, addition or replacement of manufacturing site) or the Marketing Authorisation Holder</p>	
	<p>D-U-N-S number¹¹</p> <p>EU or National ASMF reference number¹²</p>	<p>D-U-N-S number¹¹</p> <p>EU or National ASMF reference number¹²</p>

Scope classification (B.II.a.3.a.1) doesn't affect manufacturers and no site from OMS is selected; therefore, the declaration should be ticked

	PRESENT ^{9,10}	PROPOSED ^{9,10}
Scope	B.I.a.3.a	
	PRESENT ^{9,10}	PROPOSED ^{9,10}
Text	Module 3.2.S.2.2 The validated manufacturing process is the same as described in Part 3.2.P.3 of the registration dossier. Three consecutive batches were validated: abc001, abc002 and abc003. The manufacturing site of the mentioned batches is ABC Ltd and the batch sizes are 100 and 125kg.	Module 3.2.S.2.2 The validated manufacturing process is the same as described in Part 3.2.P.3 of the registration dossier. Three consecutive batches were validated: abc011, abc012 and abc013. The manufacturing site of the mentioned batches is ABC Ltd and the batch sizes are 100, and 125 and 150kg.

PRESENT ^{9,10}	PROPOSED ^{9,10}
<p><small>Please select organisation from SPOR OMS to autofill address details. If the organisation is not found or the address details are not correct, please visit the OMS page in the SPOR portal for more information: http://spor.ema.europa.eu/oms/wi/#/.</small></p> <p>Find Organisation Clear Address</p> <p>Company name</p> <p>Address</p> <p>Country</p> <p>Telephone</p> <p>E-mail</p>	<p><small>Please select organisation from SPOR OMS to autofill address details. If the organisation is not found or the address details are not correct, please visit the OMS page in the SPOR portal for more information: http://spor.ema.europa.eu/oms/wi/#/.</small></p> <p>Find Organisation Clear Address</p> <p>Company name</p> <p>Address</p> <p>City/Locality/ Town/Village</p> <p>State</p> <p>County</p> <p>Postcode</p> <p>Country</p> <p>Telephone</p> <p>E-mail</p> <p>N/A</p> <p><input type="checkbox"/> I declare this variation does NOT result in any changes in manufacturers (i.e. name/address change, addition or replacement of manufacturing site) or the Marketing Authorisation Holder</p>

Scope classification (B.I.a.3.a) doesn't affect manufacturers and no site from OMS is selected; therefore, the declaration should be ticked

D-U-N-S number¹¹

EU or National ASMF reference number¹²

D-U-N-S number¹¹

EU or National ASMF reference number¹²

Scope B.II.b.1.a

	PRESENT ^{9,10}	PROPOSED ^{9,10}
list of all manufacturers		list of all manufacturers + new secondary packaging site:

Please select organisation from SPOR OMS to autofill address details. If the organisation is not found or the address details are not correct, please visit the OMS page in the SPOR portal for more information: <http://spor.ema.europa.eu/omswl/#/>

Find Organisation Clear Address

Company name

Address

City/Locality/Town/Village

State

County

Postcode

Country

Telephone

E-mail

D-U-N-S number¹¹

EU or National ASMF reference number¹²

OTHER APPLICATIONS¹³

For administrative change in the name and/or address (A scopes): select old site from OMS (if available), otherwise insert manually

For addition of a new site: leave blank and only select new site in the 'proposed' column.

For replacement of a site: select old site in OMS (if available, otherwise insert manually) in the 'present' column, and the new one in the 'proposed' column

For deletion of sites: from OMS, select site which needs to be deleted (or insert manually) in the present column and leave the 'proposed' column blank

Select **new** manufacturing site from OMS by clicking on 'Find Organisation'
If the site is not yet registered in OMS, refer to the published [guidance](#) on the EMA Website.
IMPORTANT: the new site **MUST BE** registered in OMS before the variation is submitted.

This box should **ONLY** be ticked if the scope of the variation does **NOT** affect the list of manufacturing sites or the MAH.
 As scope classification (B.II.b.1.a) affects manufacturers, select site from OMS and **DO NOT** tick declaration box

When the ASMF is affected by the change(s), the EMEA or EU ASMF number should be included here

declare this variation does NOT result in any changes in manufacturers (i.e. name/address change, addition or replacement of manufacturing site) or Marketing Authorisation Holder

The applicant should list here any ongoing application(s). It is of particular importance to ensure that in case the current application affects the PI, the applicant makes certain that changes from the latest approved procedure¹ or parallel procedure(s) are included in the PI submitted.

¹ Procedures **without** immediate Commission Decision (CD) are considered approved at the time of Opinion/Notification. Procedures **with** immediate CD are considered approved at the time of CD.

ANNEXED DOCUMENTS (WHERE APPROPRIATE)

The following amended product information proposals are provided in the relevant sections of the EU-CTD format or NTA volume 6B format, where applicable:

- Summary of product characteristics
- Manufacturing Authorisation Holder responsible for batch release and conditions of the Marketing Authorisation¹⁷ ?
- Labelling
- Package leaflet
- Mock-ups¹⁸ ?
- Specimens¹⁸ ?

Product Information (PI) - related tick boxes should indicate which sections are modified by the change(s).

DECLARATION OF THE APPLICANT

I hereby submit a notification/application for the above Marketing Authorisation(s) to be varied in accordance with the proposals given above. I declare that *(Please tick appropriate declarations)*:

- There are no other changes than those identified in this application (except for those addressed in other variations submitted in parallel);
- Where applicable, all conditions as set for the variation(s) concerned are fulfilled;
- For type IA notifications: the required documents as specified for the changes concerned have been submitted;
- Where applicable, national fees have been prepaid or will be paid in accordance with national requirements;
- This notification/application has been submitted simultaneously in RMS and all CMSs *(for products within the Mutual Recognition Procedure and worksharing)* or both to EMA and (Co-)Rapporteur *(for products within the Centralised Procedure)* or, in case of worksharing involving the EMA, to the relevant National Competent Authorities and/or RMS/CMS *(as applicable) and the EMA*;
- For worksharing or grouped variations affecting more than one MA: the MAs concerned belong to the same MAH.

Change(s) will be implemented from¹⁹: ? Next production run/next printing

Date

Tick boxes should be marked as applicable.

This box should always be ticked for IG and WS submissions.

This section will only appear in case Type IB or Type II applications are ticked in Section 1 of the application form as this is where the implementation date for these procedures should be inserted.

For Type IA/IA_{IN} changes, the implementation date should be included in the appropriate field in Section 3.

SIGNATURE

Proof of payment (when relevant)

Copy contact person details from Section 1

Title
First name
Surname
Status (Job title)

For worksharing/grouping for more than one MA: the main signatory confirms authorisation to sign on behalf of the designated contacts as specified in section 2.4.3 in Part IA/Module 1 Application Form for each of the MAs concerned.

Date

Main Signatory²⁰

Additional Signatory

This box should always be ticked for IG and WS submissions.

If the application form is signed on behalf of the authorised contact person, an official letter of authorisation should be provided to confirm the delegation of signature.

Please ensure that the same details appear in this section and in section 1.

The following documents are to be annexed to the Application form in order to facilitate the review of the application:

Letter of Authorization or Power of Attorney, should be attached when the application form is signed on behalf of the authorised contact person;

Any other document which does not fit within the eCTD structure, but facilitates validation (e.g. justification for deleting a finished product specification parameter).

General points to consider when completing the application form:

- The **application form** should be consistent with the cover letter. Providing confusing or contradictory information can delay the procedure;
- All changes listed under the 'Precise scope' section and in the 'Present and proposed' table should be reflected under the **Types of changes** section, by their corresponding scope indent, as per Variations Guidelines;
- Please also consult the [EMA/CMDh explanatory notes on Variation Application Form](#) for further assistance.
- **Product information** - please do not submit Annex IV as part of the Product Information Annexes.
Please ensure to include the filled and signed [Checklist for Type IA and IB PI and Annex A \(europa.eu\)](#) when Product Information Annexes are affected; absence of this checklist will result in validation request for supplementary information and delay in the procedure.