EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Annex V – Service concession ref. EMA/2014/35/RE

Applicant information sheet

Where a joint application including sub-contracting is proposed, please present the responses to 1.1, 1.2, 1.3 and 1.4 for each member individually.

Section 1: General information	
1.1 Name of applicant:	
1.2 Registered Business Address:	
Legal status:	
Company registration number:	
VAT registration number:	
Website address:	
1.3 If the applicant trades under a name, which is different from that given at 1.1. Above, please state the trading name:	
1.4 If the applicant has traded under any name other than those stated at 1.1. and 1.3. above in the past three years, please give details of previous trading names:	
1.5 Contact details **Please give details of the person within the applicant's organisation to whom any queries relating to the answers to the application should be addressed:**	
Contact Name:	

Section 1: General information

Contact Title:	
Telephone Number:	
Address for correspondence (if different to that given in 1.2):	
E-mail Address:	
1.6 Please give the name(s) and title(s) of the person(s) authorised to sign the concession agreement on behalf of the applicant.	

Section 2: Organisational information

Where a joint application is proposed, please present this information for each member individually.

2.1 Is the organisation a subsidiary of another organisation or member of a group of companies?

Yes ☐ No ☐

Please explain below the relationship between the applicant and its ultimate holding company:

2.2 If you have answered Yes to the question above please complete the details below:

Name of holding company	
Registered office address	
Company registration number	

Section 2: Organisational information

2.3 Please state whether the ultimate parent company would be prepared to guarantee the applicant's liabilities in connection with this concession agreement:

Yes ☐ No ☐

2.4 If the applicant intends to apply jointly with a partner and has already set up, or intends to set up, a consortium or similar entity to that end, please provide details here together with any other relevant information, including structure and details of the consortium lead.

Section 3: Insurance

Where a joint application is proposed, please present the information for each member individually.

3.1 Please provide details of the applicant's insurance policies in respect of its business and those with particular relevance to this application. In particular state if the applicant holds professional risk indemnity insurance.

Policy type	
Name of insurers	
Policy number	
Expiry date	
Brief details of the level and risks included	
Policy type	
Name of insurer	
Policy number	
Expiry date	

Section 3: Insurance	
Brief details of the level and risks included	