**MHRA General Product Licence Submission**

**Notification of Changes to Labels and Patient Information Leaflets for Self-Certification Form**

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| **Authorisation Number(s):** |

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| **Person Authorised for Communication:** |
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| **This Notification Concerns:** |
| **This notification is submitted under Regulation 267 of the Human Medicines Regulations (2012).**  **I can confirm that the prescribed conditions associated with the change have been met and that no other changes have been introduced.** |

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| **Applicant** |
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| **Name:** |

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| --- |
| **Company Name:** |

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| --- |
| **Company Address:** |

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| --- |
| **Person’s Function:** |

|  |
| --- |
| **Date of Signature: (dd-mm-yyyy)** |

|  |
| --- |
| **Signature:** |

**Comments:**

**Changes notified fall under the following descriptions:**