**Applications:** [**nirmed.application@sahpra.org.za**](mailto:nirmed.application@sahpra.org.za)

**Enquiries:** [**nirmed.enquiry@sahpra.org.za**](mailto:nirmed.enquiry@sahpra.org.za)

**Annual information compliance (ASOCI):** [**radcon.asoci@sahpra. org.za**](mailto:radcon.asoci@sahpra.%20org.za)

A: APPLICANT

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | | |
| **Postal Address:** | | **Street Address:** | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | **Postcode:** | **Website:** |  |

B: PRODUCT INFORMATION

|  |
| --- |
| **A colour brochure containing the technical specifications for this model must accompany the completed application form.** |
| **Brand:** |
| **Model:** |
| **Intended use of this product?** |
|  |
|  |
| **Manufacturer Name:** |
| **Manufacturer Address:** |
|  |
|  |
| **Manufacturer Website:** |

C: COMPANY CONTACT PERSON (to whom all licences are sent)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | | **Title:** |
| **Designation:** | | | |
| **Tel:** | **Cell:** | | |
| **Fax:** | | **E-mail:** | |
| **I hereby declare the information supplied to be correct and true to the best of my knowledge.** | | | |
| **Signature:** | **Date:** | | |