NOTE: **ALLOW 30 WORKING DAYS FOR ADMINISTRATION**

1. **PRIMARY IMPORTER - APPLICANT**

|  |  |
| --- | --- |
| Name:**(REGISTERED NAME ONLY)** |  |
| Postal Address: | Street Address: |
|  |  |
|  |  |
|  |  |
| Company Registration no (CICP): |
| New applicant | YES | NO | Existing File no: |

1. **PRODUCT INFORMATION**

|  |
| --- |
| Brand: |
| Model:  |
| Technical File no.: |
| Intended purpose of this device according to the manufacturer’s labelling and instructions for use: |
|  |
|  |
|  |

1. **REFURBISHER**

|  |
| --- |
| Name: |
| Address: |
|  |
|  |
| Contact no.: |
| Email: |

1. **AUTHORISED REPRESENTATIVE IN THE EUROPEAN UNION IF SELLING REFURBISHED DEVICES WITHIN THE EUROPEAN UNION**

|  |
| --- |
| Name: |
| Address: |
|  |
|  |
| Contact person: |
| Contact person email: |

1. **COMPANY CONTACT PERSON IN SOUTH AFRICA (for all regulatory correspondence)**

|  |
| --- |
| Name: |
| Designation: |
| Tel: | Cell: |
| Email: |
|  |

1. **DECLARATION BY APPLICANT**

|  |
| --- |
| **I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby declare that all** **information supplied is true and correct.****Signature: Date:**  |

**Requirements:**

The applicant must supply the following documentation for **each** model to be refurbished:

[ ] Annexure 1: Completed application form 41BM-1(REFURB);

[ ] Annexure 2: Colour brochure (including technical specifications);

[ ] Annexure 3: Letter of appointment as an authorised agent representative of the refurbisher

[ ] Annexure 4: **EC Certificate(s) issued by a Notified Body indicating refurbishment** in terms of MDD 93/42/EEC or MDR 2017/745/EU (whichever one is applicable);

[ ] Annexure 5: **EC Declaration of Conformity by the refurbisher for each unit by serial no** in terms of MDD 93/42/EEC, or MDR 2017/745/EU (whichever one is applicable).

**Please note:**

* Please allow 4-6 weeks for processing of your import application; the 4-6 weeks’ timeline is on condition that all required documentation have been submitted.
* Completed applications in terms of guideline SAHPGL-RDN-XR-24\_v1 must be submitted to import.xrays@sahpra.org.za