[To be printed on the letterhead of the Applicant]

[Date]

To:

LETTER OF PERMISSION FROM THE APPLICANT

Date of submission	
Application number	
Product (proprietary) name	
Approved name(s) (INN)	
Composition	
Applicant	
Dosage form and route of administration	
Pharmacological action	

I, [Name of Responsible Person Authorised by the company to communicate with the Regulatory Authority], the Responsible Person for [Name of the company], hereby confirm the following for the above-mentioned application, submitted to [Name of the Regulatory Authority]:

- [Name of the company] herewith grants permission to UK-VMD and the active Participants of the Veterinary Medicines Zazibona initiative to access and to utilize the proprietary information to process the application for registration.

Company:	
Responsible Person name:	
E-mail address:	
Telephone number:	
Date:	
Place:	