



This form, when completed, will be classified as 'For official use only'.  
For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at  
<<https://www.tga.gov.au/treatment-information-provided-tga>>.

# Add or remove a connection to your manufacturing organisation

Complete this form if you are a Manufacturer and you wish to authorise another organisation (Agent or Sponsor) to undertake regulatory correspondence with us in regards to Conformity Assessment certification, or remove an existing contact.

**Please note:** These organisations will be authorised to:

- submit Conformity Assessment applications to TGA on your behalf
- access your currently active conformity assessment certificates (medical devices)



[TGA Business Services \(TBS\) Terms and Conditions](#)

## Complete your organisation details (Manufacturer)

Organisation business name:

Organisation ID:

I want to:

- Add an organisation connection
- Remove an organisation connection

## Complete the details of the organisation you want the connection with (Sponsor or Agent)

|                    |  |      |  |
|--------------------|--|------|--|
| Organisation name: |  |      |  |
| Organisation ID:   |  |      |  |
| Email:             |  |      |  |
| Telephone:         |  | Fax: |  |

Please complete a separate form to authorise each organisational connection.

### Declaration

Note: The following declaration must be signed by an individual with the relevant authority (e.g. – for a corporation a company director, company secretary, or other executive, for other organisations an owner, partner or other delegated individual):

I declare that I am authorised to make this request; and that the following information is correct:

|                           |  |       |  |
|---------------------------|--|-------|--|
| Printed name:             |  |       |  |
| Position in organisation: |  |       |  |
| Email address:            |  |       |  |
| Phone number:             |  |       |  |
| Signature:                |  | Date: |  |

Please provide your contact and organisation details in the above table.