



This form, when completed, will be classified as 'For official use only'.
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<<http://www.tga.gov.au/about/tga-information-to.htm>>.

Electronic invoices nomination form

Client name	
Client ID	
Postal address	
Email address 1	
Email address 2	
Contact name (please print)	
Position	
Authorised signature	
Phone and fax numbers	

Please return this form to:

Mail:

Office of Corporate Services
Therapeutic Goods Administration
PO Box 100
WODEN ACT 2606

Fax number:

02 6232 8222