



Australian Government

Department of Health, Disability and Ageing
Therapeutic Goods Administration

TGA USE ONLY

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>>.

Notification: Transfer of sponsorship following death, bankruptcy or winding¹ up



- This form is to be completed by the new sponsor (e.g., lawyer, executor, liquidator).
- There is **no fee** required for this notification.
- Please ensure you read [Changes of sponsorship to therapeutic goods](#) prior to completing and submitting this form.

Send completed forms to the TBS Helpdesk at: **Email:** sponsortransfers@tga.gov.au

¹ See regulations 10AB (in relation to registered and listed therapeutic goods), 10F (in relation to medical devices) and 10H (in relation to biologicals). of the [Therapeutic Goods Regulations 1990](#)

Post: PO Box 100, Woden, ACT, 2606 - **ABN:** 40 939 406 804

Phone: 1800 020 653 - **Fax:** 02 6203 1605 - **Email:** info@tga.gov.au - <https://www.tga.gov.au>

Reference/Publication #

Section 1 – Details of transfer

Type of notification

Where the former sponsor was an individual:

Death of sponsor ☐

Bankruptcy of sponsor ☐

Where the former sponsor was a company:

Liquidation (winding up) of sponsor ☐

Date of event

Name of former sponsor:

TGA Client ID:

Status of new sponsor:
(e.g., legal personal representation, trustee in bankruptcy, liquidator)

TGA Client ID (if any):

Postal address:

Email address:

List the therapeutic goods transferred:

If the number of therapeutic goods exceed this page, please provide an **additional spreadsheet**.

ARTG number	ARTG product name	Therapeutic good type
		Choose a therapeutic good type
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Section 2 – Declarations



- **Please note:** Under section 137.1 of the *Criminal Code Act 1995*, it is an offence to knowingly provide information to a Commonwealth entity that is false or misleading in a material particular, or to omit any information without which the information is misleading in a material particular.
- **Penalty:** 12 months imprisonment

I **declare** I am:

the new sponsor

☐

OR

Authorised to make this declaration on behalf of the new sponsor

☐

By signing this, I **declare** that the information I have provided above is true and correct.

Name			
Position*		Email:	
Telephone		Facsimile:	
Signature		Date:	

*e.g., managing director or regulatory affairs officer of new sponsor; agent of the new sponsor.

Please note we may request more information before transferring the therapeutic goods. The TBS Helpdesk aim to update the relevant entries within ten working days of receiving the notification.