



Australian Government
Department of Health
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 winding up¹



- 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

Fax: 02 6232 8581

Post: TBS helpdesk, TGA, PO Box 100, Woden ACT 2606, Australia

¹ See regulations 10AB (in relation to registered and listed therapeutic goods), 10F (in relation to medical devices) and 10H (in relation to biologicals).

Section 1 - Details of notification

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:	
Client ID:	
Name of new sponsor:	
Status of new sponsor: <i>(e.g. legal personal representative, trustee in bankruptcy, liquidator)</i>	
Client ID (if any):	
Postal address:	
Email address:	

Therapeutic goods transferred

If there are additional products, please add them as an attachment to the form.

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

I declare that the information I have provided above is true and correct.

Full 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 be request more information before making the changes to the ARTG entries. We will usually update the relevant entries within 10 working days of receiving the notification.