



Type of Application: Regulatory Affairs Consultancy: Laboratory Holding: Local Representative Agent:

Mr/Ms:

DNI/NIE/NIF/Passport Number: **Country:**

E-Mail:

Job title:

Company:

Tax ID Number/VAT Number/Company Registration Number:

Company Address:

Request to the Agencia Española de Medicamentos y Productos Sanitarios:

- Access authorization to the selected application from the AEMPS web :

(please insert the description according to the list in <https://sede.aemps.gob.es/en/home.htm>)

To these people:

First Name(s)	Surname/Family	e-mail	DNI/NIE/NIF/Passport	Country

- Cancel access authorization to these people:

First Name(s)	Surname/Family	e-mail	DNI/NIE/NIF/Passport	Country

- For any questions, please contact:

First Name(s)	Surname/Family	e-mail	DNI/NIE/NIF/Passport	Country

In **Date:**

Director signature and **company stamp:**

Signature:

Please, send this form by email to soporte_aplicaciones@aemps.es

According to article 5 from the law 15/1999 of Protection of Personal Information, we inform that your personal information will be incorporated and treated in the automated file SINAEM maintained under the responsibility of the Agencia Española de Medicamentos y Productos Sanitarios.

The purpose of this file is to control who access the AEMPS' information systems.

Anyway, you can exercise your rights of access, cancel, change and opposition in the terms described in the L.O.P.D. 15/1999 of December 13 of Protection Personal Information, with a written notification directed to the "División de Sistemas de la Información de la Agencia Española de Medicamentos y Productos Sanitarios, Parque Empresarial Las Mercedes, Edificio 8, C/Campezo 1, 28022 - Madrid".