**NORTHERN IRELAND WAIVER APPLICATION FORM**

**Application for waiver for batches of vaccines and immunological medicinal products to be placed onto the Northern Ireland market whose OCABR certificate was issued in a different EEA State to that in which the batch was manufactured**

Please list below all products for which a waiver is being requested:

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| **Product Trade Name** | **Manufacturer Name** | **Marketing Authorisation Holder** | **Product Licence Number(s)**  |
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**Application submitted by**

Name:

Company:

Role:

Date:

Please email this application to cpb@nibsc.org with the subject line “Waiver Application NI Vaccine”