**Application for exemption from withdrawal in accordance with Legemiddelforskriften § 8-4 (Sunset Clause)**

Send form and any supplementary information to pi@dmp.no

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| **1. Medicinal product** |
| Product name:       | MA-number:       |
| Strength:       |
| Pharmaceutical form:       |

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| **2. Marketing Authorisation holder or representative** |
| Name and address:       |
| Contact:       |
| E-mail:       |
| Phone:       | Mobile:       |

The Marketing Authorization holder for the above mentioned medicinal product(s) requests an exemption from withdrawal on the following public health grounds or exceptional circumstances, in accordance with Legemiddelforskriften § 8-4:

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| **3. Justification for exemption** |
|       |

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| **4. Other relevant information/documentation** |
| Attachment: | Description: |
|       |       |
|       |       |
|       |       |

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| **5. Signature** |
| Place:       | Date:      | Signature:      |