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|  | | **Complete withdrawal from the market**  **This form should be used when a marketing authorisation for a specific pack size is to be retained.** | |
| **The signed notification form should be sent to**  The Finnish Medicines Agency Notification of placing a medicinal product on the market P.O.Box 55  FI-00034 FIMEA, FINLAND | | The marketing authorisation or registration holder should notify Fimea when a medicinal product is placed on the market or withdrawn temporarily or completely from the market, pursuant to Section 27 of the Medicines Act.  *(Fimea administrative regulation 2/2018, Applying for and maintaining a marketing authorisation and registration for a medicinal product / section 7.1, Placing and maintaining a medicinal product on the market)* | |
| **PRODUCT DETAILS** | | | |
| Human medicinal product  Veterinary medicinal product  Herbal medicinal product | | | |
| Marketing authorisation number | Marketing authorisation holder | | |
| Name of the medicinal product | | | |
| Strength | Pharmaceutical form | | |
| **PACK DETAILS** | | | |
| Pack size | Container | Nordic Vnr number | EU MA number |
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| **DATE WHEN COMPLETELY WITHDRAWN FROM THE MARKET** | | | |
| yyyy-mm-dd | | | |
| **CONTACT DETAILS FOR THE PERSON SUBMITTING THE NOTIFICATION** | | | |
| Company | | | |
| Surname | | First name | |
| E-mail address | | Phone | Fax |
| **FURTHER DETAILS** | | | |
|  | | | |
| **DATE AND SIGNATURE** | | | |
| Date, yyyy-mm-dd | Signature | | |

This notification form is available at the Finnish Medicines Agency Fimea website at http://www.fimea.fi/about\_us/forms