



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
<<http://www.tga.gov.au/treatment-information-provided-tga>>.

Organisation details

Sponsor, Agent and Manufacturer

This form should be completed by or for each organisation:

- involved with the supply or manufacture of Therapeutic Goods in Australia
- conducting a clinical trial in Australia
- involved with the supply of Proprietary Ingredients
- who provides regulatory services on behalf of another organisation mentioned above (Agents).

This form collects information about the legal entity making applications under the *Therapeutic Goods ACT 1989* and the authority granted by that entity to other to make applications on its behalf.



[TGA Business Services \(TBS\) Terms and Conditions](#)

Organisation details

Organisation role
(tick one or more)

Note: Australian agents and manufacturers may also be sponsors
 Sponsor Manufacturer Agent

Are you registering for:
(tick all that apply)

Clinical trials PI Supplying Neither

Organisation name:

Other trading names:			
ABN:			

Address details

Street address:					
Suburb		State:		Postcode:	

Postal address:					
Suburb		State:		Postcode:	

Corporate contact and billing details

Contact telephone:		Facsimile:	
Contact email:			

Billing telephone:		Facsimile:	
Billing email:			

TGA Business Services access request

Please nominate one representative from your company to be the Administrator. This person will be able to add and remove contacts for other company representatives.

For more information about the Administrator role see <http://www.tga.gov.au/tga-business-services-how-use-site#administrator-role-specific-information>, for TGA Business terms and conditions see <http://www.ebs.tga.gov.au>.

Administrator name:			
Telephone number:		Facsimile:	
Email address:			
Mobile number:		Date:	

Declaration

Note: The following declaration must be signed:

- For a corporation, by the company director or company secretary
- For other clients, by the owner, partner or individual

I declare that the following information is correct:

Printed name:

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Position in company:

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Signature:

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Date:

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