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| **NOMINATED SIGNATORIES FORM**  **Complete and return to on the PMCPA** [**Webform**](https://www.pmcpa.org.uk/training/nominated-signatories-form/)  **Pharmaceutical company:** **Name:**  **Email:** **Telephone Number:**  **Date:**  **It is the responsibility of the pharmaceutical company to ensure individuals nominated as signatories meet the qualification requirements stated in Clause 8 and its supplementary information.** | | |
| **NAME OF NOMINATED SIGNATORY**  **(please add lines as required)** | **JOB TITLE** | **QUALIFICATIONS** |
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| **NAME OF APPROPRIATELY QUALIFIED PERSON FOR MEETINGS INVOLVING TRAVEL OUTSIDE THE UK**  **Where different to those listed above (please add lines as required)** | **JOB TITLE** | **QUALIFICATIONS** |
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June 2024