|  |
| --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |

June 2024