

4. ANNEXURES**4.1 ANNEXURE A: COVER PAGE**

TO BE COMPLETED BY THE APPLICANT	
APPLICANT NAME <i>As it appears on the MCC/SAHPRA license</i>	
CONTACT PERSON Name: E-mail: Fax No: <i>(Person responsible for this submission)</i>	
NUMBER OF MEDICINES IN THE SUBMISSION <i>(Also include medicines for which SEP adjustment is not requested, rows which contain multiple active ingredients should not be counted.)</i>	
NUMBER OF ROWS BEING SUBMITTED <i>(Rows which contain only active ingredients should also be counted.)</i>	

FOR OFFICE USE ONLY (as per acknowledgement notice)	
Date received: (dd/month/yyyy)	
Received by (Name and Surname):	
Signature:	