

**Updating Annex 1 and Annex 2 information of the Cooperation Agreement with FiMVO (Finnish Medicines Verification Organisation)**

Company name:

Business ID/Company Number:

VAT Number:

Company Address:

Date of change:

Invoicing address:

Invoicing email address:

PO number:

Valid until:

List of all MAHs covered by the contract:

Signature: \_\_\_\_\_

Company:

Name:

Title:

**Save Form**