**ANNEX 1 of GN-24**

**Letter of Request Template**

*[To be printed on Company Letterhead of Product Owner]*

Medical Devices Branch

Medical Devices Cluster

Health Products Regulation Group

Health Sciences Authority

*[Date]*

Dear Sir/Madam,

**Subject: Letter of Request for the change of registrant from *[Relinquishing Company name]* to *[Accepting Company name]***

We, *[name of Product Owner (Company name)]*, as the Product Owner, hereby request the change of Registrant from *[Relinquishing Company name]*, as the Relinquishing Company to *[Accepting Company name]*, as the Accepting Company for the following medical devices:

*[List containing SMDR listing name and number]*

In this letter, we declare that:

* the effective date of appointment of *[Accepting Company name]* as the new registrant is *[effective date (dd/mm/yyyy - this date should be before the date of submission of the change of registrant application to the HSA)]*
* there are *[changes/no changes]* made to the registered medical device(s) above that require a change notification to HSA, such as change in instructions for use (IFU) or addition of models.

*[List of changes made requiring change notification submission, if applicable]*

Yours sincerely,

*[Signature]*

*[Full name and Title of Senior Company Official]*

*[Name and address of company]*