

This operator information deletion notification form for distributor of medical devices shall be sent to Fimea's service mailbox at laiterekisteri@fimea.fi

Note! This form is only to be used by foreign distributors. Other operators shall submit their deletion notification using Fimea's e-submission service or the Eudamed actor module.

A. Basic information	Type of notification ¹		
	<input type="checkbox"/>	Operator's deletion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Date of termination of operations ²		
	Deletion notification additional information		

¹ A deletion notification must be filed when the operator no longer places medical devices on the market.

² Indicate the date when the company's operations were terminated or the company no longer places medical devices on the market.

B. Operator information	The submitter's role is ³	
	<input type="checkbox"/>	Distributor ⁴ <input type="checkbox"/> Importer to Finland ⁵
	Operator's name*	
	Fimea's operator reference number ⁶	

⁴ The liability to file a notification pertains to all distributors liable to file a notification, not only those who are based in Finland.

⁵ Indicate the distributor who distributes medical devices to retailers, healthcare and social welfare operators and other professional users.

⁶ Indicate the distributor who imports to the market a device intended for a self-testing or a device containing substances of human origin.

³ Fimea' operator reference number must be given if you are submitting an operator's deletion notification.

F. Submitter information ¹⁰	Submitter's organisation*	
	First name*	Last name*
	Telephone number*	E-mail address*

¹⁰ Indicate the submitter information if you are filing the notification on behalf of the operator

As the submitter, I hereby declare that I am authorised to give this information on behalf of the operator*	<input type="checkbox"/>	
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Date of the notification:

The Finnish Medicines Agency will not separately acknowledge the receipt of the notification.