

Appendix A

Application for exemption from repackaging of surgical face masks intended for resale without prior agreement with the manufacturer and without assuming manufacturer’s responsibility.

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| Company name |  |
| Company address |  |
| Contact person |  |
| Contact person’s e-mail address |  |
| Contact person’s phone number |  |
| Pictures of original packaging attached |  |
| Pictures of example of new packaging attached |  |
| Identification of product (lot no., batch no.) |  |
| Description of the repackaging needed |  |
| Who is the product sold to? (delimitation of customer group) |  |
| When is the product sold?(delimitation of period) |  |