

ORDER FORM FOR NORDIC ARTICLE NUMBER (Vnr)

Date:

Marketing Authorisation Holder:

Marketer:

Address:

Applicant of Vnr number (company):

Address:

Applicant of Vnr number (person):

Tel:

Email:

Invoicing Address:

VAT number:

Fill in **either** 1. **or** 2.

1. Common Vnr for the following country/countries:

Denmark: Finland: Iceland: Norway: Sweden:

2. National Vnr for the *exclusive* use in the following country/countries*:

Denmark: Finland: Iceland: Norway: Sweden:

Name of Product:

Strength:

Pharmaceutical Dosage Form:

Active Substance:

Pack size:	Type of package: (like blister, amp, injection vial, plastic container etc.)	Common Vnr to be confirmed:

Other information: _____

* A different Vnr for each Nordic country will be assigned.

To be sent to:

vnr@vnr.fi

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