

APPLICATION FOR VARIATION OF PRODUCT LICENCE  
NOTIFICATION OF CHANGE IN PRODUCT LICENCE

1. Licence Number: 0215/0003 Your reference: NB/SR

2. Name and Address of Licence Holder: At present Any proposed change  
  
Immuno Limited,  
Arctic House, Rye Lane,  
Dunton Green, Sevenoaks, Kent.  
  
Telephone Number: 0732 50342  
Name of Product: Kryobulin

3. Please indicate if you have changed or propose to change any of the following:
- |   |  |
|---|--|
| <input type="checkbox"/> Name of Product                  | <input type="checkbox"/> Activities covered by Licence         |
| <input type="checkbox"/> Pharmaceutical Form              | <input type="checkbox"/> Assembler                             |
| <input type="checkbox"/> Active Ingredients               | <input type="checkbox"/> Arrangements for Storage              |
| <input type="checkbox"/> Indications                      | <input type="checkbox"/> Container                             |
| <input type="checkbox"/> Dosage                           | <input type="checkbox"/> Shelf Life or Storage Precautions     |
| <input type="checkbox"/> Contra-Indications and Warnings  | <input type="checkbox"/> Method of manufacture                 |
| <input type="checkbox"/> Method of Retail Sale and Supply | <input type="checkbox"/> Quality Control Procedures            |
| <input type="checkbox"/> Manufacturer                     | <input type="checkbox"/> Finished Product Specifications       |
| <input type="checkbox"/> Date of Expiry of Licence        | <input checked="" type="checkbox"/> Constituent Specifications |
|   | <input type="checkbox"/> Excipients                            |
|   | <input type="checkbox"/> Supplier of Active Ingredients        |
|   | <input type="checkbox"/> Other (specify)                       |

4. On the attached sheet, give the present particulars, the change or proposed change and the reason. Supporting evidence should be attached to the application. Please indicate the number of volumes and number of copies sent:-

5. If you need approval urgently, please give the date by which an answer is required: As soon as possible

For Licensing Authority use only

F	N	M	P	C	A	NF	U
Pharm:	GRO-C						
Med:							

Application Dated... 11-11-76  
Received.....  
Acknowledged... 16-11-76  
Stats. Ref 11/1/77..... 1/2/78

Approved:  
Date: 7/3/78

GRO-C