



European Cosmetics
Responsible Person
Association

Submission Questionnaire New Members

Please return to :

ERPA

Bd. Général Wabis 53, 1030 Brussels, Belgium

☎ : 0032 (02) 736 10 80

■ : www.erpacosmetics.org

info@erpacosmetics.org

I. COMPANY GENERAL INFORMATION^(*)

COMPANY

- | | | | | | |
|----|----------------|-------|----|-----------------|-------|
| 1. | Name | ..... |  |  |  |
| | | | | | |
| 2. | Address | ..... |  |  |  |
| | | | | | |
| 3. | Phone number | ..... | 4. | Fax number | ..... |
| 5. | E-mail address | ..... | 6. | Website address | ..... |

PRESIDENT, MANAGING DIRECTOR OR EQUIVALENT

- | | | | | | |
|-----|----------------|-------|----|------------|-------|
| 7. | Name | ..... |  |  |  |
| 8. | Phone number | ..... | 9. | Fax number | ..... |
| 10. | E-mail address | ..... |  |  |  |

IF DIFFERENT: RESPONSIBLE PERSON CONTACT DETAILS

- | | | | | | |
|-----|----------------|-------|-----|------------|-------|
| 11. | Name | ..... | 12. | Title | ..... |
| 13. | Phone number | ..... | 14. | Fax number | ..... |
| 15. | E-mail address | ..... |  |  |  |

COMPANY STRUCTURE / ORGANIZATION TYPE

- | | | | | | |
|-----|------------------------------------|-------|--|--|--|
| 16. | Organizational form of the company | ..... |  |  |  |
| | | | | | |
| 17. | Number of employees | | | | |
| | | | | | |
| 18. | Company registration number | | | | |
| | | | | | |
| 19. | Subsidiary of / Independent | | | | |
| | | | | | |



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II. RESPONSIBLE PERSONS ACTIVITIES

20.	Number of persons involved in the Responsible Person activities	-----
21.	Does your company have activities of Responsible Person in the field of cosmetics for at least 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22.	Are you the European Responsible Person of at least 10 cosmetic manufacturers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23.	Are you a registered legal entity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24.	Do you have available at least one staff member with more than 5 years of regulatory experience in the field of cosmetics?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25.	Do you have available at least one permanent staff member with a degree in _____ or equivalent experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26.	Is your Responsible Person activity covered by liability insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27.	Have you notified your relevant Competent Authority about your Responsible Person activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>

III. OTHER ACTIVITIES

28.	What other services do you provide?	
	a. Distribution / Marketing	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b. Regulatory Consulting	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c. Advisory Services on GMP EN/ISO 22716	Yes <input type="checkbox"/> No <input type="checkbox"/>
	d. Clinical Investigation Services	Yes <input type="checkbox"/> No <input type="checkbox"/>
	e. Reimbursement Consulting	Yes <input type="checkbox"/> No <input type="checkbox"/>
29.	f. Safety Assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Others (please specify)	
	-----	Yes <input type="checkbox"/> No <input type="checkbox"/>



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IV. OTHER INFORMATION

How did you learn about ERPA?

30.

What are your reasons for wanting to join ERPA?

31.

What do you wish to achieve through your participation in ERPA?

32.

VI. OTHER COMMENTS (if relevant)

I certify that the above information is complete and accurate and that the financial situation of the company identified under question is sufficient to warrant uninterrupted Responsible Person services to customers for the foreseeable future. I allow a neutral agent to verify any information represented above, without divulging Company confidential information to ERPA. I understand that if I provide false or misleading information, the membership of my Company in ERPA may be terminated immediately upon discovery of this fact.

Date, Place _____

Name _____

Title _____

Signature

(*) NOTE: For questions requesting large space to answer, please add a document referring to the question number and specify in the questionnaire that the answer is on an attached document. Thank you in advance.