

Endorsed product application form

1. APPLICANT NAME	
2. ABN/ACN	
3. REGISTERED OFFICE	
4. MAILING ADDRESS	
5. PRIMARY CONTACT NAME (i.e. the person authorised to represent the applicant in evaluation, contract and reporting requirements)	
6. EMAIL CONTACT	
7. TELEPHONE CONTACT	
8. Please provide a short summary of the primary business of the applicant.	
9. Is the product new or existing?	

10. Does the product and its component parts comply with all relevant Australian Standards and all other standards or performance specifications legislated, prescribed or regulated by State or Federal Government? Evidence will be required that the product meets all necessary specifications and standards(e.g. a certifier's report or certificate).

11. If no to Q10, why not?

12. Please provide any evidence available of the safety and osteopathic health qualities of the product.

13. If the product is a pre-existing product please provide, in confidence, a comprehensive product sales and marketing history.

14. Please provide product sales forecasts (in confidence) for the next two years.

15. Please review the terms in paragraph 17 of the Osteopathy Australia Product Approval Program Guidelines.

16. DECLARATION

I, , hereby declare that the information contained in this application is, so far as I am aware, true in every respect.

Signed:

Date: