



This form, when completed, will be classified as 'For official use only'.
For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at
<<https://www.tga.gov.au/treatment-information-provided-tga>>.

Notification: Transfer of sponsorship¹

When to complete this form



- This form should **only** be used when a sponsor transfers or assigns its therapeutic goods, business, or its interest in including the goods in the ARTG, to a new sponsor.
- This form should **not** be used to transfer sponsorship where the sponsor dies, is made bankrupt, or (if they are a company) the business is wound up. To transfer sponsorship in these circumstances, please use the [Transfer of sponsorship following death, bankruptcy or winding up](#) form instead.

How to complete this form

- This form is to be completed by both the relinquishing (former) and accepting (new) sponsor and be submitted by the accepting sponsor within three months of the transfer or assignment. **Do not** submit this form until the transfer or assignment has occurred.
- Please ensure you read the [Changes of sponsorship to therapeutic goods](#) information prior to submitting this form.
- If the accepting sponsor is not registered with the TGA, they will be required to complete and return an [Organisation Details](#) form to ebs@health.gov.au.
- There is **no fee** applicable to this notification.
- The sponsorship of therapeutic goods that have been cancelled from the Australian Register of Therapeutic Goods (ARTG) is not transferable.
- Please advise if you have a variation application in progress for any entries included in the transfer.

Send completed forms to the TBS Helpdesk at:

Email: sponsortransfers@tga.gov.au

Fax: 02 6232 8581

Post: TBS helpdesk, TGA, PO Box 100, Woden ACT 2606, Australia

¹ See regulations 10AB (in relation to registered and listed therapeutic goods), 10F (in relation to medical devices) and 10H (in relation to biologicals) of the [Therapeutic Goods Regulations 1990](#)

Section 1 – Details of transfer, or assignment of, business or interest

Name of relinquishing (former) sponsor:

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TGA Client ID:

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Postal address

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Name of accepting (new) sponsor:

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TGA Client ID:

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Postal address

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List the therapeutic goods transferred:

If the number of therapeutic goods exceed this page, please provide an **additional spreadsheet**.

ARTG number	ARTG product name	Therapeutic good type
		Choose a therapeutic good type
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Section 2 – Declaration by relinquishing (former) sponsor



- **Please note:** Under section 137.1 of the *Criminal Code Act 1995*, it is an offence to knowingly provide information to a Commonwealth entity that is false or misleading in a material particular, or to omit any information without which the information is misleading in a material particular.
- **Penalty:** 12 months imprisonment

I declare I am:

The relinquishing (former) sponsor

OR

Authorised to make this declaration on behalf of the relinquishing sponsor

I declare that I / it, (*the relinquishing sponsor*) _____, have / has:

transferred / assigned the business in relation to the products listed in section 1 above, and have / agreed to transfer / assign the registration / listing / inclusion in the Register of those products

OR

Transferred / assigned my / its interest in the therapeutic goods listed in section 1 above and have / has agreed to transfer / assign the registration / listing / inclusions in the Register of those therapeutic goods.

To (name of accepting sponsor)

Date of transfer/assignment

By signing this, I **declare** that the information I have provided above is true and correct.

Name

Position*

Email:

Telephone

Facsimile:

Signature

Date:

*To authorise a transfer of sponsorship, the signatory must be an authorised representative listed on the relinquishing sponsor's TGA account.

Section 3 – Declaration by accepting (new) sponsor



- **Please note:** Under section 137.1 of the *Criminal Code Act 1995*, it is an offence to knowingly provide information to a Commonwealth entity that is false or misleading in a material particular, or to omit any information without which the information is misleading in a material particular.
- **Penalty:** 12 months imprisonment

I declare I am:

The accepting (new) sponsor

OR

Authorised to make this declaration on behalf of the accepting sponsor

I declare that (*the relinquishing sponsor*) _____ has:

Transferred / assigned the business in relation to the therapeutic goods listed in section 1 above and agreed to be transferred / assigned the registration / listing / inclusion in the Register and associated liability of those therapeutic goods.

OR

Transferred / assigned my / its interest in the therapeutic goods listed in section 1 above and have / has agreed to transfer / assign the registration / listing / inclusions in the Register and associated liability of those therapeutic goods.

To (name of accepting sponsor)

Date of transfer/assignment

By signing this, I **declare** that the information I have provided above is true and correct.

Name	<input type="text"/>		
Position*	<input type="text"/>	Email:	<input type="text"/>
Telephone	<input type="text"/>	Fascimile:	<input type="text"/>
Signature	<input type="text"/>	Date:	<input type="text"/>

*To authorise a transfer of sponsorship, the signatory must be an authorised representative listed on accepting sponsor's TGA account.

Please note we may request more information before transferring the therapeutic goods. The TBS Helpdesk aim to transfer the relevant therapeutic goods within ten working days of receiving the notification.