

31726

Enterprise Details

Section A

Indicate the role(s) of the enterprise for which you are supplying address information. Tick one or more boxes (Australian Manufacturers may also be sponsors).

Sponsor Agent Manufacturer (complete Sections A and C)

Enterprise business name

AUSTRALIAN ARMY MALARIA INSTITUTE

*Attach list of other trading names

Postal address

WEARY DUNLOP DRIVE, GALLIPOLI BARRACKS
ENOGGERA, Q Postcode 4052

Street address (if different from above)

Postcode

Telephone number

(07) 3332 4801

Facsimile number

(07) 3332 4800

Section B

Tick the box that best describes your Enterprise and complete the name box as instructed.

Corporation

ACN

Company seal to be imprinted below

Individual owner

ARMY INSTITUTE Name in full

PROFESSOR KARL RIECKMANN

Partnership

All partners names in full



Section C – Declaration

The following declaration must be signed:

- in the case of a corporation, by a company director or the company secretary;
- in the case of other enterprises, by the owner or one partner.

I declare that the above information is correct.

Signature

Karl Rieckmann 516100

Printed name

KARL RIECKMANN

Position/relationship to Enterprise

DIRECTOR

Company Seal



FEEES RECEIVED

14 JUN 2000

Drug Safety and Evaluation Branch

Complete authorisations – Section D overleaf

Section D – Instrument of Appointment

Enterprise ID if previously allocated

- Complete the authorisation below, or a copy, for each person you have appointed to submit applications for:
 - registration/variation; or
 - listing/variation; or
 - to advise of cancellation of therapeutic goods and when applying for a declaration that turnover is of low volume and low value; or
 - seeking information on registrations or listings of the enterprise.
- A new instrument of appointment must be completed for all new authorised persons.
- If authorised persons change, please notify TGA in writing of the date on which names are to be revoked.

Instrument of Appointment

I, **KARL RIECKMANN** being a sponsor or

Company Director or Company Secretary of a sponsor of therapeutic goods in Australia, hereby appoint

DR. PETER NASVELD as my/the sponsor's

duly appointed agent to provide information and make declarations/cancellations etc, as required under the *Therapeutic Goods Act 1989* and the *Therapeutic Goods (Charges) Act 1989*.

Signature

Karl Rieckmann 516 100

Specimen signature of appointee

Dr. Peter Nasveld 516 100

Signature of witness

Scott Thomson 516 100

I, **KARL RIECKMANN** being a sponsor or

Company Director or Company Secretary of a sponsor of therapeutic goods in Australia, hereby appoint

DR MIKE EDSTEIN as my/the sponsor's

duly appointed agent to provide information and make declarations/cancellations etc, as required under the *Therapeutic Goods Act 1989* and the *Therapeutic Goods (Charges) Act 1989*.

Signature

Karl Rieckmann 516 100

Specimen signature of appointee

Mike Edstein 516 100

Signature of witness

Scott Thomson 516 100

Please provide an estimate of the time taken to complete this form hrs 15 mins