1. **Application Type**

Please select the relevant transferring surveillance assessments as given below.

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| **Transferring of 93/42/EEC Directive Surveillance Assessments under the Scope of (EU)2023/607 and (EU) 2023/1194 Regulation** | |
| I want to transfer surveillance assessment(s) of MDD certified device(s) that are listed in FR.MED.01 Annex 03 from MDD Notified Body to the SZUTEST Konformitätsbewertungsstelle GmbH. |  |
| Please also indicate from which surveillance assessment you would like to start transferring the surveillance assessments from the MDD Notified Body to SZUTEST Konformitätsbewertungsstelle GmbH in FR.MED.01 Annex 03. |  |

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| Please send us the valid certificates in addition to the application. |
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| Please send us a letter authorizing the transfer signed by the Company. |
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| Please send us the final assessment cycle report which was performed by the current notified body, the non-conformities detected in the final assessment, closings of these nonconformities, corrective and preventive action plan related to non-conformities. |
|  |
| Please send us a report of any adverse events, like customer complaints and recalls, since the last assessment. |
|  |
| Please send us the assessment program and sampling plan related to the product(s) established by the current Notified Body. |
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1. **Reason of Transferring**

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| Please state the reason of transferring in detail. |
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| \* FR.MED.202 Tripartite Surveillance Transfer Agreement will be requested after approval of the application between SZUTEST Konformitätsbewertungsstelle GmbH, the applicant company, and the Current Notified Body. |

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| This form has been filled as the Annex of       dated FR.MED.01 Application Form of the Company. |

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| **Company Representative** | **Name, Surname, Title** | **Signature** | **Date** |
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