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 Regulation (EU)2023/607.** |
| I want to transfer surveillance assessment(s) of MDD certified device(s) that are listed in FR.MED.01 Annex 03 from SZUTEST Uygunluk Değerlendirme A.Ş. to MDR Notified Body. | [ ]  |
| Please also indicate from which surveillance assessment you would like to start transferring the surveillance assessments from SZUTEST Uygunluk Değerlendirme A.Ş. to MDR in FR.MED.01 Annex 03. |       |

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| Please state the name and number of the MDR Notified Body |
|       |
| Please send us the valid agreement between the company and MDR Notified Body, if any.  |

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 Uygunluk Değerlendirme A.Ş., the applicant company and the MDR Notified Body. |

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