**RESPONSIBLE FOR INFORMATION (RIP) DESIGNATION FORM - to be returned to FAMHP**

**MA or registration holder**

*Complete name* ***of******the MA or registration holder*** *located in Belgium or abroad:*

*.……………………………………………………………………………………………………………………………………………………………*

*…………………………………………………………………………………………………………………………………………………………….*

*Address* ***of the MA or registration holder****:*

*…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………….*

*Tel.: …………………………………………*  *Business number :……………………………………………………………*

*Complete contact details (including title) of the CEO* ***of******the MA or registration holder****:*

*………………………………………………………………………………………………………………………………………………………………….*

*………………………………………………………………………………………………………………………………………………………………….*

*Seal and signature of the CEO* ***of the MA or registration holder****:*

**DETAILS OF THE CONCERNED COMPANY FOR THE INVOICING BY THE FAMHP\*:**

*Name & address of the company : ………………………………………………………………………………………………………….*

*………………………………………………………………………………………………………………………………………………………………….*

*Business number :……………………………………………………………*

*Contact person & email : …………………………………………………………………………………………………………………………*

*\*Please wait for the invoice from the FAMHP regarding the RIP’s designation fee, before paying*

**RESPONSIBLE FOR INFORMATION APPROVED BY THE MINISTER**

*Name of the RIP in full: ……………………………………………………………………………………………………………………………*

*RIP approval number: …………………………………………………………………………………………………………………………….*

*Email: ………………………………………………………………………………………………………………………………………………………*

*Telephone/Mobile: ………………………………………………………………………………………………………………………………….*

*Starting date within the company* ***in the position******of responsible for information****: ……………………*

*………………………………………………………………………………………………………………………………………………………………….*

*Signature of the RIP :*