**WHO PQT/VCP New Product Application Form**

**1. APPLICANT INFORMATION**

**Company Details**

|  |  |  |
| --- | --- | --- |
| Company (name of manufacturer) |  | |
| Company Physical Address | Street Name and No.: | |
| City: | |
| Provence/State: | |
| Postcode: | Country: |
| Company Mailing Address (if different) | Street Name and No.: | |
| Postal Office Box No.: | |
| City: | |
| Provence/State: | |
| Postcode: | Country: |

**Authorized contacts for the company**

Authorized contacts are those individuals with whom PQT-VC are authorized to discuss matters relating to the proposed product identified on this form. Individuals identified may be employees of the company or third party representatives. All authorized contacts should be identified as an attachment to this form on company letterhead and a primary point of contact should be designated. The following information should be provided:

Name

Contact’s job title/position

Company (if third party representative)

Mailing Address

Telephone Number(s)

Email

**2. PRODUCT IDENTIFICATION SUMMARY (PIS)**

**Summary of product information**

|  |  |
| --- | --- |
| Product Name |  |
| Other Product Names |  |
| Active Ingredient(s)[[1]](#footnote-1) |  |
| Concentration of Active Ingredient(s) |  |
| Product type[[2]](#footnote-2) |  |
| Formulation type [[3]](#footnote-3) |  |
| Description of target vector(s) |  |
| Disease(s) intended to be controlled with respect to target vectors |  |
| Supporting WHO Specification (if applicable) |  |

**Product Description**

|  |
| --- |
| Description of product use pattern |
|  |
| Brief summary of the mode of action of the active ingredient(s)/synergist(s) or device |
|  |
| Registration Status: List the countries where the product is currently registered for sale and use, under review and/or intended to be submitted for review |
|  |

**Equivalence – If the product is being submitted as equivalent to a WHO prequalified product, please provide the following information:**

|  |  |
| --- | --- |
| Reference Product Name |  |
| PQT-VC Reference Number |  |
| Manufacturer of Reference Product |  |

**Product Packaging**

|  |  |  |  |
| --- | --- | --- | --- |
| Unit packaging? Y/N | If Yes unit packaging weight | | Number per container |
| Water Soluble Packaging? Y/N | If Yes unit packaging weight | | Number per container |
| Type of Container Material (Metal, Plastic, Glass, Paper, Other (specify)) | |  | |
| Sizes of Containers Intended for Distribution | |  | |
| Description of manner in which label is affixed to container and/or product | |  | |

**Commercial agreements and re-branding[[4]](#footnote-4)**

|  |
| --- |
| Do you sell or supply this product for re-branding?  If yes, please provide an attachment to this form indicating the company or companies and name(s) of the product under which it is distributed. |
|

**3. MANUFACTURER DECLARATION**

The undersigned authorized representative of the Manufacturer makes the following declarations on behalf of the Manufacturer and, in signing this application form, declares that he/she has the authority to bind the Manufacturer.

I declare that:

* I am authorized to represent the manufacturer specified in this prequalification application (the "Manufacturer") for the purposes of WHO vector control products prequalification of the product specified in this application form (the "Product").
* All the information provided in this application is current and correct.
* Any changes to the information provided in the application will be readily communicated to WHO.
* The manufacturer holds data in support of all claims made on product labeling as presented to WHO.
* The Manufacturer understands and agrees that, in the event that WHO agrees to undertake prequalification assessment of the Product: (i) WHO will have absolute unfettered control over the manner in which the prequalification conversion is carried out, including the publication of the results of the prequalification assessment, regardless of the outcome; and (ii) at the time when annual fees are established for the maintenance of prequalified products, the manufacturer will be informed and will have the option to cancel the prequalification or agree to the fees.
* The Manufacturer understands that the purpose of the WHO prequalification of VCPs is to provide guidance to interested UN agencies and WHO Member States in their procurement decisions. In this regard, the results of the prequalification conversion, the participation in the WHO prequalification conversion process, the inclusion of any product in the WHO list of prequalified VCPs and/or the WHO name and emblem, may not be used by manufacturers or any other party for commercial and/or promotional purposes.

The Manufacturer understands that the validity of the prequalification status is dependent on the fulfilment of post-qualification requirements including:

* prequalification commitments;
* annual reporting;
* reporting of changes;
* post-market surveillance obligations;
* re-inspection; and
* ongoing compliance with WHO prequalification technical specifications.

**Name of Authorized Contact Person for the Manufacturer:**

**Signature of Authorized Contact Person for the Manufacturer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**

1. Please include active ingredients and any synergists in this field [↑](#footnote-ref-1)
2. Examples: LLIN, IRS, Space Spray, Larvicide, Topical Repellent, Spatial Repellent, Molluscicide, Rodenticide, or other description [↑](#footnote-ref-2)
3. Based on formulation types specified in Appendix E of the Manual on development and use of FAO and WHO specifications for pesticides [↑](#footnote-ref-3)
4. Rebranding refers to the process of relabeling a finished product or the distribution of a product by a company who is identified on the label that is not the legal manufacturer. Applications for WHO prequalification of VCPs are accepted only from the legal manufacturer of the product. [↑](#footnote-ref-4)