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| Please state all the locations **belong to the applicant manufacturer company** like **head office, factory, branch offices, sales offices, regional offices including transient worksites** where the **same** quality management system is processed. If different processes are performed during different shifts, please state those shifts separately. **The number of employees for Medical processes(for applied products)**  can only be different where other employees are separated by organizational structure and perform **completely** different activities. |

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| **No.** | **Company Name** | **Address** | **Processes** | **Related Products** | **Contact Person Name and Contact Information (Tel, e-mail)** | **Number of Shifts** | **Total Number of Employees** | **Number of Employees for Medical Processes** | **Annual Shut-Down and Non-Manufacture Periods** |
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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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