Certificate Number: …./…../20…

Issued for …………….

**CERTIFICATE OF GMP COMPLIANCE OF A MANUFACTURER**

MEDICINAL PRODUCTS FOR HUMAN USE

Manufacturer’s Name/Address:

Activities Performed: (Specify the forms listed on the Manufacturing Authorization)

The company above is a manufacturer of pharmaceutical products that is subject to inspection by our Agency in regular intervals in accordance with the requirements of current “Good Manufacturing Practice (GMP),” as recommended by World Health Organization (WHO).

ACTIVE SUBSTANCE(S)\*

Manufacturer’s Name/Address:

Active Substance(s) Manufactured:

Chemical Name:

Commercial Name:

The company above is a manufacturer of active substance(s) that is subject to inspection by our Agency in regular intervals in accordance with the requirements of current “Good Manufacturing Practice (GMP),” as recommended by World Health Organization (WHO), for the commercialization or distribution of active substance(s) in the country of manufacture or import.

\*This section is only for API Manufacturers.

This certificate is valid until …………………...

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