

Shelf Life Certificate

[To be printed on Letterhead of Manufacturer]

Name and Address of Manufacturer

< Please add Manufacturer Name >

< Please add Manufacturer Address >

We hereby confirm the following with regard to the medical device < Please add product name (without listing codes/catalogue numbers unless needed to identify the product) as it appears in the Free Sale Certificate / CFG / Canadian Medical Device Active License>:

Shelf life	< Please add shelf life of the finished product (and its components if applicable) either in days or in months >
Storage conditions	< Please describe storage conditions as they appear on label / IFU > < Please add "No special storage conditions" in case no storage conditions are mentioned in IFU/Label >

Signed on behalf of < Please add manufacturer name > ,

Authorised signatory:		
< please add authorised signatory name and title >	< Please apply signature and manufacturer stamp >	< Please add date of applying signature >
Name & Position	Signature & Stamp	Date

- Lines in blue are for clarification purpose only and to be deleted in the signed document.

- Wording in green between marks "" may be used where applicable.