

Composition Certificate

[To be printed on Letterhead of Manufacturer]

Name and Address of Manufacturer

< Please add Manufacturer Name >

< Please add Manufacturer Address >

We hereby declare that the composition of 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>* **is listed in the below table:**

< Please fill in the below table according to chosen Raw Material type;

- *When "Component" is chosen, please complete the info "Raw Material Component Name" and "Raw Material" and add "N/A" in the rest of columns or delete them as applicable*
 - *When "Active ingredient" or "Inactive ingredient" is chosen as raw material type, please add "N/A" in the column "Raw Material Component Name" or delete it, and complete the info in the rest of the columns >*
- < Please clarify any added abbreviations >*

Raw Material Type <i>(please choose either Component, Active ingredient or Inactive ingredient)</i>	Raw Material Component Name <i>(please add component name of the product where applicable)</i>	Raw Material <i>(please add raw material name of the listed Component, Active ingredient or Inactive ingredient)</i>	Raw Material Concentration <i>(please add raw material concentration where applicable)</i>	Raw Material Role <i>(please add raw material role where applicable)</i>	Raw Material Activity <i>(please add raw material Activity where applicable)</i>

Signed on behalf of *< Please add manufacturer name >*,

Authorised signatory:		
<i>< please add authorised signatory name and title ></i>	<i>< Please apply signature and manufacturer stamp ></i>	<i>< Please add date of applying signature ></i>
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.