

## Shelf Life Statement

*[To be printed on Letterhead of Manufacturer]  
Regarding the change of shelf life (Extension, reduction or correction)*

### 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 (with listing codes/catalogue numbers unless needed to identify the product) as it appears in the registration license*

<b>Registered Shelf life</b>	<i>&lt; Please add registered shelf life of the finished product (and its components if applicable) either in days or in months &gt;</i>
<b>New shelf life</b>	<i>&lt; Please add new shelf life (proposed shelf life) of the finished product (and its components if applicable) either in days or in months &gt;</i>
<b>Proposed change</b>	<i>Extension or reduction or correction of the product shelf life</i>
<b>Justification</b>	<i>Mention the justification for the proposed change</i>
<b>Reason</b>	<i>Mention the reason for the proposed change</i>

**Signed on behalf of** *< Please add manufacturer name or whom it authorizes >*

<b>Authorised signatory:</b>		
<i>&lt; please add authorised signatory name and title &gt;</i>	<i>&lt; Please apply signature and manufacturer stamp &gt;</i>	<i>&lt; Please add date of applying signature &gt;</i>
<b>Name &amp; Position</b>	<b>Signature &amp; Stamp</b>	<b>Date</b>

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