**REPUBLIC OF TÜRKİYE**

**MINISTRY OF HEALTH**

**TURKISH MEDICINES AND MEDICAL DEVICES AGENCY**

# **CERTIFICATE OF FREE SALE**

**Certificate No : Date:**

**Exporting Country:**

**Importing Country:**

*We hereby certify that the below mentioned product produced by* .......................................................................................

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has been authorized to be placed on the market for use in Turkey and is subject to our supervision as stipulated in Turkish Laws.

*Marketing authorization holder (name and address) :*

*Product Name* : ..................................................................................................................................................

*Registration date and no*  : ..................................................................................................................................................

*Active ingredient(s) and amount(s) per unit dose* : ...................................................................................................................

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We also certify that the manufacturing plant is subject to inspections at suitable intervals and that the manufacturer conforms to the requirements for current GMP as recommended by the World Health Organization in respect to be sold or distributed within the country of origin or to be exported.

Name of authorized person

***This certificate is valid for 2 years from the date of issue unless submitted and approved information does not change.***