

To be typed on the company's original letterhead

Date:

Chief Executive Officer
National Medicines Regulatory Authority
No. 120, Norris Canal Road
Colombo 10
Sri Lanka

Cover Letter with Declaration of the Authorized Person

I,(full name of the authorized person)....., the undersigned, hereby declare that all the information submitted with this application is true and correct and certify that all documents uploaded in support of this application are accurate and most recent as per to date.

I agree to provide any further information and documents requested by the National Medicines Regulatory Authority, which is required for processing of this application and, facilitate any requests by the National Medicines Regulatory Authority for inspection of premises and/or records. I also agree to provide samples of product(s) required for evaluation and/or analysis.

I further declare that I take full responsibility for all consequences, which might arise from false or erroneous information submitted in the application and that I will cooperate with any official of the National Medicines Regulatory Authority for any such investigations relevant to the application.

If this application is approved, I agree to comply with all applicable laws, regulations and guidelines that apply to approved application.

.....
Signature of the Authorized Person

Name of the Authorized Person:
Designation of the Authorized Person:

Company's/Authorized person's Official rubber stamp
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