Format 2

--------------------------------------------------------Letterhead--------------------------------------------------------

Date: ………………….

Chief Executive Officer,

National Medicines Regulatory Authority,

No.120, Norris Canal Road,

Colombo 10,

Sri Lanka.

Dear Sir,

**Subject: Declaration of the Manufacturer**

I (Name of the Responsible designation), the undersigned, hereby declare that below local representatives are the authorized agents in Sri Lanka of our company named (Company name). We are currently collaborating only with them for the registration of manufacturing site located at (address of manufacturing site) and our products (list of products) as mentioned in the tabulated format herewith, with the National Medicines Regulatory Authority (NMRA) in Sri Lanka.

I undertake the full responsibility for appointing the local agent in Sri Lanka on behalf of (Name of the company).

Please find below the detail of local representatives and the products handling by them.

|  |  |  |
| --- | --- | --- |
| Name & Address of local representative 1 | Name & Address of local representative 2 | Name & Address of local representative 3 |
| Product detail & site address | Product detail & site address | Product detail & site address |

Thank you.

Yours Faithfully,

…………………………………..

Name of the signatory:

Designation:

(Company Seal)

***Instructions for completing declarations of manufacturer***

*If manufacturer has appointed only one local representative for Sri Lanka for the specified site, please use format 1.*

*If the manufacturer has appointed more than one local representative for the specified site, please use format 2.*

*You can add or remove rows/columns as required.*