## Annex 18. Commitment and authorization

### Commitment

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acting as responsible for the company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

certify that the information provided (above) is correct and true,

**☐** and I certify that the product offered is identical in all aspects of manufacturing and quality to that marketed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*country of origin*), including disease category type, intended use, intended population, specimen type, method and site of manufacture, sources of materials, quality control of the product and starting material, packaging, shelf-life and product information.

**☐** and I certify that the product offered is identical to that marketed in *(name of country)*, except:

(e.g., state the stipulated exception)

If any changes occur to the information after the submission of this product questionnaire, the manufacturer/supplier undertakes to provide the relevant update as soon as possible.

Date: Signature:

### Power of attorney

The manufacturer authorizes a distributor to submit the questionnaire

Date: Signature:

Distributor (Signed by Distributor for Manufacturer under power of attorney)

Please provide a copy of the power of attorney.