**CERTIFICATE OF GMP COMPLIANCE**

MANUFACTURER OF HUMAN MEDICINAL PRODUCTS

Company name:

Site address:

Manufacturing authorization date:

Manufacturing authorization number:

Table:

|  |  |  |
| --- | --- | --- |
| Dosage form | Special requirement  *(if applicable)* | Activities |
|  |  |  |
|  |  |  |
|  |  |  |

The manufacturing site above is authorized to perform manufacturing activities for dosage forms listed in Table and is subject to official periodic inspections by our Agency according to the Turkish regulations in force. These regulations and GMP guideline in force are in line with the requirements of PIC/s and the Directives of European Commission.

On the basis of the regular inspection carried out on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ we certify that the manufacturing site complies with GMP requirements.

Certificate No:  **\_\_\_\_\_\_\_\_\_\_** Issue date:\_\_\_\_\_\_\_\_\_\_\_

 Name, surname and signature of Authorized Person

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This certificate is valid until **\_\_\_\_\_\_\_\_\_\_\_\_\_**