**REPUBLIC OF TÜRKİYE**

**MINISTRY OF HEALTH**

**TURKISH MEDICINES AND MEDICAL DEVICES AGENCY**

**STATEMENT OF LICENSING STATUS OF PHARMACEUTICAL PRODUCT(S)1**

(This statement conforms to the format recommended by the World Health Organization.)

**Certificate No : Date:**

**Exporting Country: TÜRKİYE**

**Importing Country:**

**Applicant (name/address):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of product** | **Dosage form** | **Active ingredient(s)2****and amount (s) per unit dose:** | **Product-licence no. and date of issue3** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

The certifying authority undertakes to provide, at the request of the applicant (or, if different, the product-licence holder), a separate and complete Certificate of a Pharmaceutical Product in the format recommended by WHO, for each of the products listed above.

This statement only indicates the current situation as of the date on which the document was issued.

Name of authorized person

**General instructions**

Please refer to the guidelines for further information on how to complete this form and on the implementation of the Scheme.

Forms should be completed using a typewriter to ensure legibility.

Additional sheets should be appended, as necessary, to accommodate remarks and explanations.

**Explanatory notes**

1. This statement is intended for use by importing agents who are required to screen bids made in response to an international tender and should be requested by the agent as a condition of bidding.
2. Use, whenever possible, International Non proprietary Names (INNs) or national nonproprietary names.
3. If no product licence has been granted, enter “not required”, “not requested”, “under consideration”, or “refused” as appropriate.