

**REPUBLIC OF TURKEY**  
**MINISTRY OF HEALTH**  
Turkish Medicines and Medical Devices Agency

ANKARA

Date:

Certificate No:

In reply please refer to:

Issued for:

**GMP and FREE SALES  
CERTIFICATE**

*We hereby certify that the below mentioned product produced by.....*

*(Licence holder: .....  
.....)  
has been authorized to be placed on the market for use in Turkey and is subject to our supervision as stipulated in Turkish  
Laws.*

*Product Name : .....  
Registration date and No : .....  
Active ingredient(s) and amount(s) per unit dose : .....  
.....  
.....  
.....  
.....  
.....  
.....*

*We also certify that the manufacturing plant is subject to inspections at suitable intervals and that the manufacturer  
conforms to the requirements for current GMP as recommended by the World Health Organization in respect to be sold  
or distributed within the country of origin or to be exported.*

Name of authorized person

This certificate is valid until.....

Söğütözü Mahallesi 2176. sokak No: 5

Çankaya / ANKARA / TURKEY

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