Shelf Life Certificate

[To be printed on Letterhead of Manufacturer]

Name and Address of Manufacturer
< Please add Manufacturer Name >
< Please add Manufacturer Address >

We hereby confirm the following with regard to the medical device *< Please add product name (without listing codes/catalogue numbers unless needed to identify the product) as it appears in the Free Sale Certificate / CFG / Canadian Medical Device Active License>*:

Shelf life	*< Please add shelf life of the finished product (and its components if applicable) either in days or in months >*
Storage conditions	*< Please describe storage conditions as they appear on label / IFU >* *< Please add "No special storage conditions" in case no storage conditions are mentioned in IFU/Label >*

Signed on behalf of *< Please add manufacturer name >*,

Authorised signatory:		
< please add authorised signatory name and title >	*< Please apply signature and manufacturer stamp >*	*< Please add date of applying signature>*
Name & Position	**Signature & Stamp**	**Date**

- Lines in blue are for clarification purpose only and to be deleted in the signed document.
- Wording in green between marks " " may be used where applicable.