Shelf Life Statement

[To be printed on Letterhead of Manufacturer]

Regarding the change of shelf life (Extension, reduction or correction)

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 (with listing codes/catalogue numbers unless needed to identify the product) as it appears in the registration license*

Registered Shelf life	*< Please add registered shelf life of the finished product (and its components if applicable) either in days or in months >*
New shelf life	*< Please add new shelf life (proposed shelf life) of the finished product (and its components if applicable) either in days or in months >*
Proposed change	*Extension or reduction or correction of the product shelf life*
Justification	*Mention the justification for the proposed change*
Reason	*Mention the reason for the proposed change*

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.