Composition Certificate

[To be printed on Letterhead of Manufacturer]

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

We hereby declare that the composition of 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>* **is listed in the below table:**

< Please fill in the below table according to chosen Raw Material type;
- When "Component" is chosen, please complete the info "Raw Material Component Name" and "Raw Material" and add "N/A" in the rest of columns or delete them as applicable
- When "Active ingredient" or "Inactive ingredient" is chosen as raw material type, please add "N/A" in the column "Raw Material Component Name" or delete it, and complete the info in the rest of the columns >
< Please clarify any added abbreviations >

Raw Material Type *(please choose either Component, Active ingredient or Inactive ingredient)*	**Raw Material Component Name** *(please add component name of the product where applicable)*	**Raw Material** *(please add raw material name of the listed Component, Active ingredient or Inactive ingredient)*	**Raw Material Concentration** *(please add raw material concentration where applicable)*	**Raw Material Role** *(please add raw material role where applicable)*	**Raw Material Activity** *(please add raw material Activity where applicable)*

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.