

Template for Letter of Authorisation for Distributor

[To be printed on Company Letterhead of the Authorised Representative/Manufacturer]*

Medical Device Authority

Malaysia

[Date]

Dear Sir/Madam,

Subject: Letter of Authorisation for *[name of distributor]*

We, *[name of the Authorised Representative/Manufacturer*]*, as the Authorised Representative/Manufacturer* of the medical device listed in Attachment 1, hereby authorise *[Company name (Registration Number) or Person name (IC Number) and address]*, as the distributor to distribute the listed medical devices on our behalf.

This authorisation shall remain in effect until our notification to the Medical Device Authority in writing (either by postal mail, e-mail or facsimile transmission) that the authorisation is revoked subject to any conditions imposed by the Authority.

We undertake to provide all the necessary support and assistance to the distributor as may be required in relation to any matter involving the medical devices listed in Attachment 1.

We acknowledge that any non-compliance with any condition issued by the Medical Device Authority in relation to medical devices registered under Act 737 may result in the suspension or cancellation of the medical device registration.

We agree to furnish and assist the Medical Device Authority with any request for information on the above medical devices.

Yours Sincerely,

[Signature]

[Full Name]

[Designation of Senior Company Official]

[Company stamp]

* choose one