



Official Declaration Statement for Supplier and Importer

Declaration by Supplier

I declare that the information provided is complete and accurate and that the supplier is legally authorized to supply medicines. I undertake to notify the importer of significant changes affecting licenses, regulatory status, manufacturing/distribution arrangements, product quality, recalls or other matters that may affect the quality, safety or efficacy of medicines supplied to Maldives.

I acknowledge that providing false, misleading, or inaccurate information in this declaration may result in regulatory action or other enforcement measures as deemed appropriate by the Maldives Food and Drug Authority (MFDA).

Supplier authorized representative – name/title	
Signature	
Date	
Company stamp, where applicable	

Declaration by Importer

I confirm that, as the importer, I have conducted appropriate due diligence, will maintain a valid written agreement with the supplier, and will ensure compliance with MTG requirements, including traceability, quality monitoring, complaints, recalls and notification of significant changes.

I acknowledge that providing false, misleading, or inaccurate information in this declaration may result in regulatory action or other enforcement measures as deemed appropriate by the Maldives Food and Drug Authority (MFDA).

Importer authorized representative – name/title	
Signature	
Date	
Company stamp	