***DECLARATION OF CONFORMITY***

The manufacturer declares, under its sole responsibility, that the product(s) covered in this document are in conformance with the Medical Devices Regulations (EU) 2017/745.

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| --- | --- |
| Manufacturer Name |  |
| Manufacturer Address |  |
| Manufacturer SRN |  |
| EU Authorized Representative | Name  Address  Tel:  Email:  SRN: |
| Product Name |  |
| Product Catalogue (s) |  |
| Accessories |  |
| Basic UDI-DI |  |
| Intended Use |  |
| Medical Device Classification |  |
| Applicable Rule |  |
| Standards Applied |  |
|  | |
| Senior Level Management Member Name |  |
| Title |  |
| Signature |  |
| Place of Issuance |  |
| Date | DD/MM/YYYY |