行政许可(行政确认)申请材料真实性保证声明

Statement of Guarantee on the Authenticity of the Information Submitted	
申请事项 Topics to be applied	GMP认证申请: 认证范围: 粉针剂(头孢菌素类)、无菌原料药[(舒巴坦钠)、(头孢菌素类: 头孢哌酮钠、头孢曲松钠)]、片剂、胶囊剂、颗粒剂、干混悬剂、原料药(乳酸司帕沙星、枸橼酸铋钾)。 地址: 江苏省苏州吴中经济开发区天灵路22号、江苏省如东县洋口化工园区、江苏省苏州吴中经济开发区民丰路268号。
申请人 applicant	企业名称(或姓名): 苏州东瑞制药有限公司 Name: 身份证号: ID number: (如属于企业申请划"/"。In the case of enterprise application, please fill "/".)
承诺事项 Guarantee 我(们)保证: We (personality or the enterprise)guarantee: 1、本申请遵守国家法律法规规章和有关规定。 The application is conducted in accordance with the national law and regulations in involved. 2、所有资料真实有效,有据可查。 All the information submitted in this application is authentic and derived from the reliable source. 3、申请资料的纸质版与电子版完全一致。 The electronic and paper version of application should be identical. 4、如有虚假,愿意承担相应的法律责任。 Bear the responsibility for all the falsehood of the information submitted and will assume all the lawful liability.	
Signature of the applicant (or the agent authorized by the applicant) 苏州东瑞	

(企业量)制药有限公司 (the seal of the enterprise)

3205000044772

Date: 2 4 8 年 月 15 1

1. 申请材料真实性的保证声明应由申请人(申办企业由法定代表人)签署生效。委托代表人签署的,应出具由申请人签署的有效委托书。

The signature must be done by himself (or herself). In the case of signature made by the agent the written certificate of authorization must be provided.

2. 本表由江苏省食品药品监督管理局制定。

This format is established by Jiangsu Food and Drug Administration.



東瑞製葯(控股)有限公司

Dawnrays Pharmaceutical (Holdings) Limited

(incorporated in the Cayman Islands with limited liability 於開曼群島註冊成立的有限公司)
Units 3001-02,30年, CNT Tower,338 Hennessy Road,Wanchai,Hong Kong

Tel: 852-21119708

Fax: 852-21119870

委任書

本公司委任邵建良先生為蘇州東瑞製藥有限公司總經理,於二零一七年五月四日起執行總經理職務,負責蘇州東瑞製藥有限公司的業務運營,包括生產、品質、安全、環保、儲運、工程等事項,承擔全權責任。本委任書有效至另行書面通知為止。

東瑞國際股份有限公司

東瑞製藥(控股)有限公司

董事會主席

是是35

二零一七年五月二日