资料项目编号: 9

项目名称: 行政许可(行政确认)申请材料真实性保证声明

申请机构: 江苏艾迪药业有限公司

联系人: 笪荣

联系电话: 0514-82368058 或 13815432305

邮箱: dar@aidea.com.cn

## 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	药品生产许可证变更——新建车间增加生产范围
申 <mark>请人</mark> applicant	企业名称(或姓名): 江苏艾迪药业有限公司 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 1、本申请遵守国家法律 The application is con involved. 2、所有资料真实有效,	津法规规章和有关规定。 iducted in accordance with the national law and regulations in
All the information sub	mitted in this application is authentic and derived from the reliable
source. 3、申请资料的纸质版与	同电子版完全一致。 er version of application should be identical.
	for all the falsehood of the information submitted and will assume
法定代表人(或委托代理人)	签名: 印和 。
	r the agent authorized by the applicant)

(企业盖章)

(the seal of the enterprise)

日期

Date

2018年戊月04日

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.