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	南京普爱医疗器械广告审批
申请人 applicant	企业名称(或姓名): Name: 南京普爱医疗设备股份有限公司 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	
1、本申请遵守国家法 The application is co involved. 2、所有资料真实有效 All the information sul source. 3、如有虚假,愿意承	bmitted in this application is authentic and derived from the reliable
法定代表人(或委托代理人 Signature of the applicant ()签名:
	(企业盖章) (the seal of the enterprise) 日期 Date:

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.