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》变更法人代表
申请人 **applicant**	企业名称(或姓名)：常州齐晖药业有限公司 **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 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.

法定代表人（或委托代理人）签名：

Signature of the applicant (or the agent authorized by the applicant)

（企业盖章）

（the seal of the enterprise）

日期

Date: 2018 年 01 月 18 日

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.