













# صدور گواهی صادرات فرآوردههای مکمل

ارائه دهنده: دکتر سیده یاسمن شجری پور کارشناس اداره نظارت، ارزیابی و ثبت مکمل









## مدارک لازم جهت دریافت CPP

۱- **نامه درخواست** خطاب به سرپرست (مدیر کل) اداره کل امور فرآورده های طبیعی، سنتی، مکمل و شیرخشک (سیستم اتوماسیون اداری چارگون)

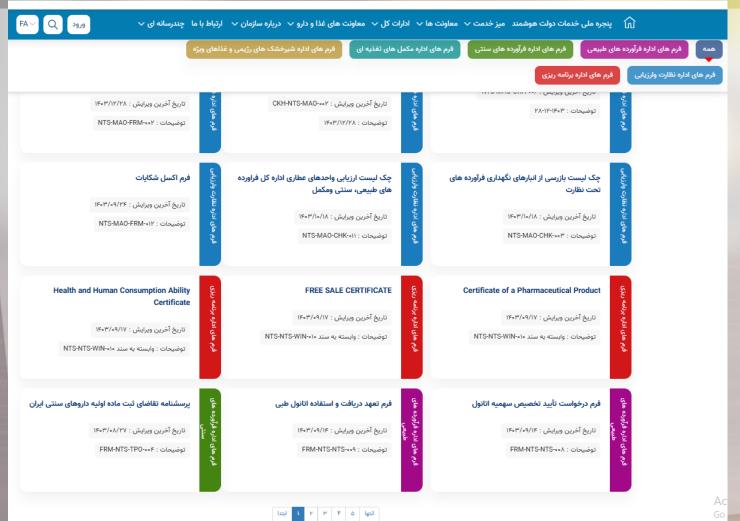
- ۲- پیوستها:
  - فرم CPP
- تصویر پروانه تولید







فرم CPP بر روی تارنمای سازمان غذا و دارو





#### ISLAMIC REPUBLIC OF IRAN MINISTRY OF HEALTH AND MEDICAL EDUCATION

Date Attach: Attach

### Certificate of a Pharmaceutical Product

This certificate conforms to th	e format recommended by the W	Vorld Health Organization.

Exporting (certifying country):	ta at tout our tr
	ىقادىر دقىق مطابق با پروانه توليد
Importing (requesting country):	
1. Name and dosage form of the product:	فقط مواد جانبی بدون مقدار
I.1. Active ingredient(s) and amount(s) per unit dose;	
For complete composition including exciplents:	
Tor complete composition including excipients.	
1.2. Is this product licensed to be placed on the market for use in th	e exporting country?

☑Yes □No (Key in as appropriate) 1.3 Is this product actually on the market in the exporting country?

☑Yes □No □Unknown (Key in as appropriate)

If the answer to 1.2 is yes, continue with section 2A and omit section 2B.

If the answer to 1.2 is no, omit section 2A and continue with section 2B.

2A.1 Number of product license and date of issue:

IRC/ license Number:

Date of issue:

اطلاعات شركت صاحب يروانه

2A.2 Product license holder & Manufacturer (name and address):

Name:

Address:

2A.3 Status of product license holder:

اطلاعات شركت توليد كننده

☐ a ☐ b ☐ c (Key in as appropriate category as defined in note 8)

2A.3.1 for categories b and c the name and address of the manufacturer producing the dosage form are:

2A.4 Is a summary basis for approval appended? MYes □No (Key in as appropriate)

2A.5 Is the attached, officially approved product information complete and consonant with the license? ☑Yes ☐No □Not provided (Key in as appropriate)

2A.6. Applicant for certificate, if different from license holder (name and address):



☑Yes □No (Key in as appropriate)

If no, explain:

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Ref: REF	
Date: Dat	e
Attach: Attac	h

2B.1 Applicant for certificate (name and address):
Name:
Address:
Tel/Fax:
2B.2 Status of applicant: ☑a□b □c (Key in as appropriate category as defined in note 8)
2B.2.1. for categories b and g the name and address of the manufacturer producing the dosage form are:
2B.3 Why is marketing authorization Lacking?
Not required/not requested/under consideration/refused (Key in as appropriate)
2B.4 Remarks:
3. Does the certifying authority arrange for periodic inspection of the manufacturing plant in which the dosage form is produced?
☐Yes ☐No ☐Not applicable (Key in as appropriate)
If no or not applicable proceed to question4.
3.1 Periodicity of routine inspections (years): At least once a year.
3.2 Has the manufacturer of this type of dosage form been inspected? ☐Yes ☐No
(Key in as appropriate)
3.3 Do the facilities and operations conform to GMP as recommended by the World Health Organization? ☐Yes ☐No ☐Not applicable (Key in as appropriate)
All the facilities and operation conform to GMP as recommended by the WHO.
4. Does the information submitted by the applicant satisfy the certifying authority on the all aspects of the manufacture of the product?

This Certificate Is for CPP Approval Only export of goods