

Refused Form for dental (Pink Form)

Serial: 00001 / yyyy

Dental

Company Name:

Data file

Invoice number

Items of Invoice

Contents of the file

| | Found | Required | Updated | Notes |
|---|-------|----------|---------|-------|
| The company's application form (10 copies) | | | | |
| 10 copies of the invoice | | | | |
| The distribution contract is valid date | | | | |
| Agency form (Q 14) | | | | |
| Tax card | | | | |
| Traders log Z | | | | |
| Continued relationship with the foreign factory distributor foreign | | | | |
| Declaration of Conformity | | | | |
| CE | | | | |
| FDA | | | | |
| Free Sale | | | | |
| Catalogue | | | | |
| Approval of the National Institute of Laser | | | | |
| Approval of the Executive Bureau of the ray | | | | |
| Match the items on the certificate and catalog | | | | |
| Prior approval | | | | |

*Note:

- The file is displayed to the Committee the following week to provide the file or completed
- Asking for the file after the submission to the Commission on Dental
- To be delivered two working days after approval of the date of approval of the Committee

Received the file under examination;

Representative of the company _____, Representative of the administration

Signed in: / /