Declaration of Completeness of Application Form

**Declaration of completeness of Application form to be submitted by a conformity assessment body when applying for designation as notified body under the Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices, amending Directive 2001/83/EC, Regulation (EC) No 178/2002 and Regulation (EC) No 1223/2009 and repealing Council Directives 90/385/EEC and 93/42/EEC (MDR) or the Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on *in vitro* diagnostic medical devices and repealing Directive 98/79/EC and Commission Decision 2010/227/EU (IVDR).**

I, <insert full name>,

certify that the information and documentation submitted with the attached application is correct in detail, that all the information requested has been supplied and that I am authorised to sign and submit this application on behalf of the applicant conformity assessment body identified on the attached application form.

Signed by the Chief Executive of <insert company name>

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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Please return this signed form with the completed designation application through the [Common European Submissions Portal (CESP)](http://cesp.hma.eu/Home).