



Performance,  
Quality &  
Safety



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## WHO IMD-PQS Annual Review 2024 **PRODUCT RESELLER - DECLARATION**

I (*name*).....(*position*)....., am authorized on behalf of (*company name*) ..... to confirm that we have read and agree to abide by all the *Terms and Conditions* of the Prequalification of the appliance(s) (*model name(s)*).....and IMD-PQS code(s) (*format E0XX-XXX*).....as per the IMD-PQS Guideline(s) for Manufacturers<sup>s</sup>, and to pay the annual fee within 30 days after the WHO IMD-PQS invoice is issued to us. Failure to do so will result in the removal of our prequalified product from the IMD-PQS catalogue.

I hereby confirm that the information provided in Forms A and B is accurate, correct and complete and that the documents submitted along with those forms are genuine. I undertake to inform the IMD-PQS Secretariat in writing of any changes to the information already provided and to update the information on these forms if requested to do so by the IMD-PQS Secretariat.

I also hereby confirm that the each of the following mandatory and supplemental documents are included in the submission, as required:

<b>PRODUCT RESELLER – CHECKLIST</b>		✓
<b>MANDATORY:</b>	<b>Form A – one form completed (in word.doc format)</b>	<input type="checkbox"/>
<b>MANDATORY:</b>	<b>Form B – one form completed for each product (in word.doc format)</b>	<input type="checkbox"/>
<b>MANDATORY:</b>	<b><u>RESELLER</u> Company licence</b>	<input type="checkbox"/>
<b>MANDATORY:</b>	<b><u>ALSO THE MANUFACTURER</u> Company licence</b>	<input type="checkbox"/>
<i>If required</i>	<i>Notarised translations of licences that are not in English or French</i>	<input type="checkbox"/>
<b>MANDATORY:</b>	<b><u>RESELLER</u> ISO certifications (See Form B)</b>	<input type="checkbox"/>
<b>MANDATORY:</b>	<b><u>ALSO THE MANUFACTURER</u> ISO 9001</b>	<input type="checkbox"/>
<i>If required</i>	<i>Notarised translations of certificates that are not in English or French</i>	<input type="checkbox"/>

CONTINUES BELOW →



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<b>MANDATORY:</b>	Copy of “ <b>IMD-PQS catalogue Product Data Sheet</b> ” for each product	<input type="checkbox"/>
<b>If required</b>	If a “Product Data Sheet” needs to be <b>corrected or updated</b> with new product or manufacturer information, please <b>hand-annotate</b> these required changes on the copy of the product data sheet.	<input type="checkbox"/>

**SIGNATURE REQUIRED:**

**Authorised signature:** .....

**For and on behalf of (Company name):** .....

**Date:** .....

§ The *IMD-PQS Guidelines for Manufacturers of prequalified products* is available here:  
<https://extranet.who.int/prequal/immunization-devices/prequalification-guidance-manufacturers>