



## WHO IMD-PQS Annual Review 2025 PRODUCT MANUFACTURER – DECLARATION

I (*name*).....(*position*)....., am authorized on behalf of (*company name*) ..... to confirm that we have read and agree to abide by the *Terms and Conditions*<sup>1</sup> 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 Prequalification Holders<sup>2</sup>, and have paid the annual fee as per the invoice provide by the IMD-PQS Secretariat. Failure to have done 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:

PRODUCT MANUFACTURER – CHECKLIST		✓
<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>Company licence</b>	<input type="checkbox"/>
If required	Notarised translations of licences that are not in English or French	<input type="checkbox"/>
<b>MANDATORY:</b>	<b>All relevant ISO certifications (See Form B)</b>	<input type="checkbox"/>
If required	Notarised translations of certificates that are not in English or French	<input type="checkbox"/>
<b>MANDATORY:</b>	Copy of a the <b>“Product Data Sheet”</b> for each product	<input type="checkbox"/>
If required	A <b>hand-annotated “Product Data Sheet”</b> indicating any changes required to administrative or technical product information.	<input type="checkbox"/>

CONTINUES BELOW →

<sup>1</sup> [https://apps.who.int/immunization\\_standards/vaccine\\_quality/pqs\\_catalogue/](https://apps.who.int/immunization_standards/vaccine_quality/pqs_catalogue/)

<sup>2</sup> [https://apps.who.int/immunization\\_standards/vaccine\\_quality/pqs\\_catalogue/](https://apps.who.int/immunization_standards/vaccine_quality/pqs_catalogue/)



Performance,  
Quality &  
Safety



World Health  
Organization

<b>CONFIRMATION OF PRODUCT WITHDRAWALS IN 2025</b>	✓
Do you wish to withdraw any of your currently-prequalified products as a part of this 2025 Annual Review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you answered “Yes”, please list the IMD-PQS code of each product you wish to withdraw as a part of this 2025 Annual Review:</p> <p>E00... / .....</p> <p>E00... / .....</p> <p>E00... / .....</p> <p>(Add lines as required)</p>	

**SIGNATURE REQUIRED:**

Authorised signature: .....

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

Date: .....

**IMPORTANT: SUBMIT ONLY ONE DECLARATION FORM PER PREQUALIFICATION HOLDER.**