

*[To be printed on Company Letterhead of Product Owner]*

## Letter of Authorization

*[Date]*

Subject: Letter of Authorization for *[Name of Authorized Representative]*

To: ISLAMIC REPUBLIC of IRAN  
Ministry of Health and Medical Education  
National Medical Device Directorate  
TEHRAN-IRAN

We, *[Name of Product Owner]*, as the Product Owner, hereby authorize *[Name of Authorized Representative]* as the *[exclusive / Non-exclusive]* representative to prepare and submit applications of the medical devices to the Ministry of Health and Medical Education of Iran on our behalf.

This authorization shall apply to the following medical devices:

*[List containing the name of the medical products]*

*[Name of Authorized Representative]* is authorized by *[Name of Product Owner]* for the registration, promotion, sale, distribution, marketing and service and support our products in the territory of Iran.

This authorization commences on the date of signing and is valid for *[NO. OF Years/Months]* from *[Start Date]* for *[End Date]*, If you have any questions, Please contact us at *[Email Address]*.

Product Owner Address: *[Address]*,  
*[Telefax Number]*, *[Email Address]*

Authorized Representative Address: *[Address]*,  
*[Telefax Number]*, *[Email Address]*

*[Full Name and Title of Senior Company Official]*

*[Signature]*

*[Company stamp]*