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CHIEF PHARMACEUTICAL INSPECTOR

[Polish national emblem]
Chief Pharmaceutical Inspector

PERMIT FOR THE MANUFACTURE OF MEDICINAL PRODUCT

- 1. Permit Number:
- 2. Name of the manufacturer:
- 3. Address of manufacture and control:
- 4. Address of the manufacturer:
- 5. Scope of permit:
- 6. Legal basis:

Pursuant to article 38, paragraph 1 and 2 of the Act of 6 September 2001 - Pharmaceutical Law (Journal of Laws of 2008, No. 45, item 271, as amended).

- 7. Name of Chief Pharmaceutical Inspector:
- 8. Round stamp and signature [official round stamp with the following content: MAIN PHARMACEUTICAL INSPECTOR]

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MAIN INSPECTOR PHARMACEUTICAL
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9. Date:

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10. The type and name of the medicinal product:

11. Justification:

In accordance with Article $107 \ \$ \ 4$ of the Code of Administrative Procedure there is no justification because the decision reflects overall demand of the party.

12. NOTICE:

In accordance with Article 127 § 3 of the Code of Administrative Procedure, the party, within 14 days from the date of delivery of the notification of this decision, has the right to apply to the Chief Pharmaceutical Inspector with the request for reconsideration.

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INFORMATION ON THE PRODUCTION AND TYPES OF MEDICINAL PRODUCTS PRODUCED

Name and address of manufacturing site:

A. Human Medicinal Products

1. Manufacturing operations

| 1.2. | Non-sterile products | | | | | | |
|------|--|--|--|--|--|--|--|
| | 1.2.2 Only series certification | | | | | | |
| 1.4. | Other products (other manufacturing unit not | | | | | | |
| | included in the above range, in particular: | | | | | | |

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| sterilisation of active substances, manufacture of |
|--|
| biological active starting materials, herbal |
| medicinal products and homeopathic medicinal |
| products, bulk products or total production) |
| 1.4.3 Other: Storage |

Recommendations or explanatory notes on the issued permit:

Point 1.4.3. Also in the scope of distribution and archiving of samples.

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PHARMACEUTICAL
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CHIEF PHARMACEUTICAL INSPECTOR

LIST OF MEDICINAL PRODUCTS MANUFACTURED AT THE PLACE OF MANUFACTURE

Name and address of manufacturing site:

| No. | Name | of | the | medicinal | Number and date of validity of the |
|-----|--------|----|-----|-----------|------------------------------------|
| | produc | t | | | admission to trading |
| 1. | | | | | |
| 2. | | | | | |

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3.

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PHARMACEUTICAL
[illegible signature]