

**[Applicant Letterhead]**

*(Include logo, full address, contact number, email, and website)*

**[Date]**

Chief Executive Officer,  
National Medicines Regulatory Authority (NMRA)  
Sri Lanka.

Dear Sir/madam,

**Cover Letter with Declaration of the Authorized Person**

I, ..... **(full name of the authorized person)**....., the undersigned, hereby declare that all the information submitted with this application is true and correct and are accurate, most recent as per to date.

I agree to provide any further information and documents requested by the National Medicines Regulatory Authority, which is required for processing of this application and, facilitate any requests by the National Medicines Regulatory Authority for inspection of premises and/or records. I also agree to provide samples of product(s) required for evaluation and/or analysis.

I further declare that I take full responsibility for all consequences, which might arise from false or erroneous information submitted in the application and that I will cooperate with any official of the National Medicines Regulatory Authority for any such investigations relevant to the application.

If this application is approved, I agree to comply with all applicable laws, regulations and guidelines that apply to approve application.

Thank you.

.....

**Name of the Authorized Signatory:**

**Designation:**

**Company Seal:**