**EU MDR Article 120 extension confirmation**

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| --- | --- | --- |
| **Manufacturer Name (‘Manufacturer’)** | **Manufacturer Address** | **MHRA Account Number** |
|  |  |  |
| **UKRP/Northern Ireland Authorised Representative Name (if applicable)** | **UKRP/NI Authorised Representative Address** | **MHRA Account Number** |
|  |  |  |

I/we declare that:

* the CE certificate(s) listed below were issued under the EU Medical Devices Directive (93/42/EEC) or under the EU Active Implantable Medical Devices Directive (90/385/EEC) on or after 25 May 2017 and were still valid on 26 May 2021 **AND**
* the conditions for extension of the validity of the CE certificate(s) (under the EU Medical Devices Regulation (2017/745) (EU MDR) Article 120) set out below have been met in relation to the CE certificates as listed in the table below

**[Complete the below table with relevant details]**

|  |  |
| --- | --- |
|  | **CE certificate details** |
|  | **CE Certificate number/s**  | **Notified Body Number** | **Expiry date/s** | **Extended validity date(s) for NI market** | **Extended validity date(s) for GB market** |
| 1. That, in the case of a certificate that **expired before 20 March 2023** I/we/the manufacturer has a signed contract with a notified body that pre-dates the original expiry of the certificate
 |  |  |  |  |  |
|  | **CE Certificate number/s**  | **Notified Body Number** | **Expiry date/s** | **Extended validity date(s) for NI market** | **Extended validity date(s) for GB market** |
| 1. That, in the case of a certificate that **expired before 20 March 2023,** no such contract (set out in (a) above) was signed before the date of certificate expiry, and the Manufacturer was granted in respect of the device:
* a derogation from the conformity assessment procedures under EU MDR Article 59 **OR**
* a period of time to carry out conformity assessment in accordance with EU MDR Article 97
 |  |  |  |  |  |
| 1. The CE certificate(s) **was due to expire on or after 20 March**, and remains valid by virtue of EU MDR Article 120(2).
 |  |  |  |  |  |

**Signed by Manufacturer:**

**Name of Signatory Position of Signatory Date**

**Signed by UK Responsible Person/Northern Ireland Authorised Representative (if applicable):**

**Name of Signatory Position of Signatory Date**