



# CERTIFICATE

*Of Compliance  
This is to Certify that*

**COMPANY NAME**

**ADDRESS**

*has been independently assessed and is compliant with the requirements of*

**FDA**

(FDA Regulatory Guideline as required by 21 CFR Part 1, Subpart H)

*This certificate is applicable to the following product or service ranges:*

**SCOPE OF WORK**

This certificate does not make representations or warranties to any person or entity other than the named certificate holder, it is issued for record keeping purpose only. This certificate does not denote endorsement or approval of certificate holder's facility or product by the U.S. Food and Drug Administration. SP Certification Ltd. assumes no liability to any person or entity in connection with the foregoing.

**Certificate No.:** xxxxxxxxxx

Date of Initial Registration:	xx-xx-xxxx
1st Surveillance audit on or before:	xx-xx-xxxx
2nd Surveillance audit on or before:	xx-xx-xxxx
Date of Recertification:	xx-xx-xxxx

Authorised Signatory

**SP Certification Limited**

130, Old Street, London,  
EC1V9BD, U.K.

Email: [info@spcertification.co.uk](mailto:info@spcertification.co.uk)

[www.spcertification.co.uk](http://www.spcertification.co.uk)

Company No. 11668116



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9, Park View Road, Leeds, LS4 2LG, United Kingdom (UK), Email : [info@afist.org](mailto:info@afist.org), Website : [www.afist.org](http://www.afist.org)

The approval is subject to the company maintaining its system to the required standards, which will be monitored by SPC. The Certificate remains the property of SPC and must be returned on request.

To check validity of this certificate please visit [www.spcertification.co.uk](http://www.spcertification.co.uk) and [www.afist.org](http://www.afist.org)

CERTIFICATE



Verify Certificates