

U.

**MEDICINES CONTROL COUNCIL
MEDISYNEBEHEERRAAD**

Republic of South Africa
Private Bag X828
PRETORIA
0001



DEPARTMENT OF HEALTH
Republic of South Africa

**IKANSELE ELAWULA
UKUSETSHENISWA KWEMITHI
KHANSELE TAOLO YA DIHLARE**

Republiek van Suid-Afrika
Privaat Sak X828
PRETORIA
0001

The Authorised Representative

Miba Snips T/A Medequip- Head Office
14 Boeing Road East
Dunvegan
Endenvale
1609

MDF M0104

Fax: 011 454 2626

Email: quenton@medequip.co.za

Dear Sir/Madam,

RE: APPLICATION FOR A LICENCE BY A **MEDICAL DEVICE ESTABLISHMENT** IN TERMS OF SECTION 22C (1) (b) OF THE MEDICINES AND RELATED SUBSTANCES ACT, (Act101 of 1965)

1. I acknowledge receipt of your application for licensing of your Medical Device Establishment in terms of the provisions of sub-section 22C (1)(b) of the Act.
2. I have processed your application and shall submit it to the Medicines Control Council for a determination.
3. In the event of success, the licence will be issued to you.
4. The Council may request further information (sub-section 22C (3)) if there are any deficiencies identified. You are kindly requested to respond promptly.
5. Where Council decision is to not approve your application you will be furnished with reasons.

Yours faithfully

PP 

ACTING CEO OF SAHPRA

DATE: 21 February 2018