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| **Please state information belongs to critical suppliers/subcontractors and external processes which are not covered by Company’s Quality Management System.** |

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| **No.** | **Company Name** | **Address** | **Contact Person and Contact Information** | **Which of your product this supplier is related with?** | **Internal Testing Capabilities for Each Product\***  **(If you have, please give the name of the tests and test methods)** | **Seasons Which the Company**  **Is Not Active (Holidays, maintenance etc.)**  **Annual Shut Down / Non-Manufacture Periods** | **Do you perform routine**  **supplier audits for supplier?** | **CE or FDA Certified? \*\*** | **ISO 13485 Certified? \*\*** | **ISO 9001 Certified? \*\*** | **External Processes** | | | |
| Supplier Type | | | Explanation |
| Type | Additional type if applicable | Additional type if applicable |
|  |  |  |  |  |  |  |  |  |  |  | Select and explain. | Select and explain. | Select and explain. |  |
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| \* If the explanations regarding the test capability do not fit in the specified area, please give relevant information as an attachment. |
| \*\* Please add relevant certificates of critical suppliers/subcontractors. |

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| This form has been filled as the Annex of       dated FR.MED.01 Application Form of the Company. |

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| **Company Representative** | **Name, Surname, Title** | **Signature** | **Date** |
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