

***[To be printed on the Letterhead of Product Owner]***

## **Letter of Original Brand Verification**

*[Date]*

Subject: Letter of Brand Verification for *[Name of Authorized Representative]*

To: Islamic Republic of Iran  
Ministry of Health and Medical Education  
National Medical Device Directorate  
Tehran-Iran

We, *[Company Name]* confirm *[Original Brand Name]* is the Original Brand<sup>1</sup> of the manufacturer that the quality of the products sold under this brand strictly conforms and is identical to *[Original Brand Name]* which are used in the country of the manufacturer and the following countries:

*[1- Country Name]*

*[2-Country Name]*

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*[N-Country Name]*

*[Full Name and Title of Senior Company Official]*

*[Signature]*

*[Company stamp]*

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<sup>1</sup> Original Brand: A Brand or Name under which the products of the original manufacturer are sold in the country of the manufacturer and other countries