Post Approval Commitment

| I, <name +="" function="" person=""> of <name +="" address="" mah=""> hereby commits</name></name> | |
|--|--|
| himself/herself to submit to the Federal Agency for Medicines and Health | |
| Products (FAMHP) an administrative variation to add an distributor for the | |
| <name concerned="" of="" product="" the=""> at least 10 days before the commercialization</name> | |
| of this medicinal product. | |

Date

Signature

Name