

GHSC-PSM-TO2-2019-MALARIA_PHARMACEUTICAL-EOI

Annex 10 – Artemisinin Supplier Detail

If your organization is submitting products containing artemisinin, this form must be completed in order to provide evidence of your organization’s intention to continue with, or to enter into a long-term supplier agreement, of at least one year in length, with one of the approved artemisinin suppliers included in Annex 12 – Approved Artemisinin Suppliers.

I, the undersigned, _____ (*List full name and current title in the company, e.g. General Manager or Authorized Person*), acting as responsible for the company _____ (*name of the company*), certify that the information provided (below) is correct and true and commit to the following:

and I certify that _____ (*name of the company*) has an existing long-term agreement with _____ (*name of artemisinin supplier from the approved list*). I have included a redacted copy of the contract in question or a document with comparable detail.

and I certify that _____ (*name of the company*) intends to enter into a long-term agreement, within six (6) months of our submission, with an artemisinin supplier from the approved list. I will provide a redacted copy of the contract in question or a document with comparable detail upon its execution.

Date (mm/dd/yyyy)	
Name	
Title	
Signature	