

CERTIFICATE OF A PHARMACEUTICAL PRODUCT

This certificate conforms to the format recommended by the World Health Organization (Superscript numbers refer to explanatory notes located at the end of the certificate)

Exporti	ng (certifying)	country: CA	INADA		No. of Certifica	ate: 74989	
Importi	ng (requesting)	country: CF	IILE				
1.	Name and degage	form of the are	diant.				
1.	INSPRA	form of the pro	sauet:	TABLET			
1.1	Active ingredie	nt(s) ² and amount					
	EPLERENONE 25 M	MG	THE DEPAR	RTMENT OF FOREIGI	N AFFAIRS, TRADE AND OULY AUTHENTICATED THE	E	
	For complete con	mposition includ			NO TO THE PROPERTY OF THE PARTY	OF:	
1.2	Is this product	licensed to be	placed on the	market for use in	the exporting country	? ⁵ Yes	
			HUEVELUE	ENTERN PRINCIPAL PARTIES	TRANGÈRES, COMMERCE DÛMENT AUTHENTIFIÉ LA		
1.3	Is this product	actually on the	marketSMATthe	expossing subunta	DOCUMENT SOUS JACENT	DE:	
	DIN: 02323052 MARKETED: 2020-	05-13	FOR THE D	EPUTY MINISTER O	F FOREIGN AFFAIRS/POU	LE	
2A.1	Number of produc	ct license and	date of issue:	STRE DES AFFAIRE	SEIRANGERES.		
2A.2		holder (name an		Who	DEC 1 n	2020	
	UPJOHN CANADA UI 17300 TRANS CANA			/// TI	ina Wishak	1020	
	KIRKLAND, QUEBEC CANADA, H9J 2M5		THE UNDERLYI	NT DOES NOT VALIDATE THE NG DOCUMENT LE MINISTÈRE NU DU DOCU: , VI SOUS JAC	NE VALIDE	ADA	
2A.3	Status of licens	se holder: ⁸ C	L		- contoured		
2A.3.1	For categofies	(B) and (C) the	name and addre	ss of the manufac	cturer producing the do	sage form is:	
	PFIZER PHARMACE ROAD 689 KM 1.9 VEGA BAJA, PR 00693, UNITED S						
2A.4	Is a summary bas	sis for approval	appended ? 10	Not Applicable			
2A.5	Is the attached product information complete and consonant with the license? Not Required						
2A.6	Applicant for certificate, if different from license holder (name and address): 12						
	PFIZER CANADA UI 17300 TRANS-CANA KIRKLAND, QUEBEC CANADA, H9J 2M5	ADA HIGHWAY	91	e	£		
				ate, attest to the veracity of	f the information herewith on behalf		
25		Signature:	Muyetav		Date: NOV 25 203	10	
		Declared under oath be	eclared under oath before me via videoconference in St-Clet, Quebec on November 25, 2020.				
ē		TULIE MARS	HALL	, Commissioner for Oaths	for Quebec; Commissioner No.	136228	
Ca	naďä	Name Signature	malo	_			

CONSULADO DE CHILE EN OTTAWA, CANADA

El Cónsul de Chile que suscribe certifica la autenticidad de la firma de dona Tima Wishak
Oficial de Legalizaciones des Ministerio de

Oficial de Legalizaciones des Ministerio de Relaciones Exteriores de Canadá.

Ottawa, 16 de Diciemone de 20 20





Actuación N° \$20/ Derechos percibidos US\$ 12

Arancel Art. N° 4-10/ (
Ottawa, 16 de Siciembre 2020

Health Santé Canada Canada

- Applicant for certificate (name and address): 18.1
- Status of applicant:8
- 2B.2.1 For categories (B) and (C) the name and address of the manufacturer producing the dosage form is:
- Why is marketing authorization lacking? 2B.3
- Remarks:13 2B.4
- Does the certifying authority arrange for periodic inspection of the manufacturing plant in which 3. 14 Not Applicable the dosage form is produced?

If NO or NOT APPLICABLE, proceed to question 4

- Periodicity of routine inspections (years): 3.1
- Has the manufacture of this type of dosage form been inspected? 3.2
- Do the facilities & operations conform to GMP as recommended by the WHO? 15
- Does the information submitted by the applicant satisfy the certifying authority on all aspects of 4. the manufacture of the product? If NO, explain:

Address of certifying authority

Regulatory Operations and Enforcement Branch Health Product Compliance Directorate 200 Eglantine Driveway, Tunney's Pasture Ottawa, Ontario K1A 0K9

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Digitally signed by Balachandran, Janan DN: C=CA, O=gc, OU=HC-SC, CN=" Balachandran, Janan" Date: 2020-11-15 11:56:20

Signature:

Name of authorized person

JANAN BALACHANDRAN

Date: 2020-11-13

This certificate expires 1 year from the date of issue

