



Performance,
Quality &
Safety



World Health
Organization

WHO IMD-PQS Annual Review 2026

PRODUCT MANUFACTURER – DECLARATION

*** Submit ONE declaration only per applicant/PQ Holder ***

I (*name*).....(*position*)....., am authorized on behalf of (*company name*) to confirm that we have read and agree to abide by the *Terms and Conditions*¹ of the Prequalification of the appliance(s) (*model name(s)*).....and IMD-PQS code(s) (*format E0XX-XXX*).....as per the IMD-PQS Guideline(s) for Prequalification Holders², and have paid the annual fee as per the invoice provide by the IMD-PQS Secretariat. Failure to have done so will result in the removal of our prequalified product from the IMD-PQS catalogue.

I hereby confirm that the information provided in Forms A and B is accurate, correct and complete and that the documents submitted along with those forms are genuine. I undertake to inform the IMD-PQS Secretariat in writing of any changes to the information already provided and to update the information on these forms if requested to do so by the IMD-PQS Secretariat.

I also hereby confirm that the each of the following mandatory and supplemental documents are included in the submission, as required:

PRODUCT MANUFACTURER – CHECKLIST		✓
MANDATORY:	Form A – one form completed (in word.doc format)	☐
MANDATORY:	Form B – one form completed for each product (in word.doc format)	☐
MANDATORY:	Company licence	☐
If required	Notarised translations of licences that are not in English or French	☐
MANDATORY:	All relevant ISO certifications (See Form B)	☐
If required	Notarised translations of certificates that are not in English or French	☐
MANDATORY:	Copy of a the “Product Data Sheet” for each product	☐
If required	A hand-annotated “Product Data Sheet” indicating any changes required to administrative or technical product information.	☐

CONTINUES BELOW →

¹ https://apps.who.int/immunization_standards/vaccine_quality/pqs_catalogue/

² https://apps.who.int/immunization_standards/vaccine_quality/pqs_catalogue/



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CONFIRMATION OF PRODUCT WITHDRAWALS IN 2026	
Do you wish to withdraw any of your currently-prequalified products as a part of this 2026 Annual Review?	☒ Yes ☐ No
If you answered "Yes", please list the IMD-PQS code of each product you wish to withdraw as a part of this 2026 Annual Review: E00... / E00... / E00... / (Add lines as required)	

SIGNATURE REQUIRED:

Authorised signature:

For and on behalf of (Company name):

Date:

IMPORTANT: SUBMIT ONLY ONE DECLARATION FORM PER PREQUALIFICATION HOLDER.