

## 化粧品証明書発給申請書

事 項	<input type="checkbox"/> 1. 製造販売業又は製造業に関する証明 (西化工様式 2 - 1 又は 2 - 2) <input type="checkbox"/> 2. 製造 (輸入) 及び販売に関する証明 (西化工様式 3) <input type="checkbox"/> 3. 製造 (輸入) に関する証明 (西化工様式 4 - 1 又は 4 - 2)
品 目 ( 製 品 ) 名	
製 造 所 等 の 名 称	
製 造 所 等 の 所 在 地	
証 明 書 提 出 先 国 等 ( 部 数 )	
備 考	

上記により、別添の証明書の発給を申請します。

年 月 日

住所：(法人にあっては、主たる事務所の所在地)

氏名：(法人にあっては、名称及び代表者の氏名) 印

# WEST-JAPAN COSMETIC INDUSTRY ASSOCIATION

1-13, UCHIHONMACHI 2-CHOME, CHUO-KU, OSAKA-CITY,

OSAKA 540-0026 JAPAN

## CERTIFICATE

We, West-Japan Cosmetic Industry Association, hereby certify that (Name of the Marketing Authorization Holder), (Address) is a cosmetic marketing authorization holder licensed in accordance with the provision of Paragraph 1, Article 12 of the Pharmaceuticals, Medical devices and Other Therapeutic Products Act of Japan.

Name of the Marketing Authorization Holder :  
(or Name of the Office for General Marketing Manager)

Address :

Licence Number :

TOKYO, date

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SAMUKAWA Hiroshi  
Senior Managing Director  
WEST-JAPAN COSMETIC INDUSTRY ASSOCIATION

# WEST-JAPAN COSMETIC INDUSTRY ASSOCIATION

1-13, UCHIHONMACHI 2-CHOME, CHUO-KU, OSAKA-CITY,

OSAKA 540-0026 JAPAN

## CERTIFICATE

We, West-Japan Cosmetic Industry Association, hereby certify that (Name of the Manufacturer), (Address) is a cosmetic manufacturer licensed in accordance with the provision of Paragraph 1, Article 13 of the Pharmaceuticals, Medical devices and Other Therapeutic Products Act of Japan.

Name of Manufacturing Site :

Address :

Licence Number :

TOKYO, date

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SAMUKAWA Hiroshi

Senior Managing Director

WEST-JAPAN COSMETIC INDUSTRY ASSOCIATION

# WEST-JAPAN COSMETIC INDUSTRY ASSOCIATION

1-13, UCHIHONMACHI 2-CHOME, CHUO-KU, OSAKA-CITY,

OSAKA 540-0026 JAPAN

## CERTIFICATE

We, West-Japan Cosmetic Industry Association, hereby certify that the following cosmetic product(s) marketed by (Name of the Marketing Authorization Holder), (Address) is(are) manufactured(imported) subject to the supervision of the Ministry of Health, Labour and Welfare as stipulated in the Pharmaceuticals, Medical devices and Other Therapeutic Products Act of Japan and is(are) allowed to be sold in Japan.

Product(s) :

TOKYO, date

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SAMUKAWA Hiroshi

Senior Managing Director

WEST-JAPAN COSMETIC INDUSTRY ASSOCIATION

# WEST-JAPAN COSMETIC INDUSTRY ASSOCIATION

1-13, UCHIHONMACHI 2-CHOME, CHUO-KU, OSAKA-CITY,

OSAKA 540-0026 JAPAN

## CERTIFICATE

We, West-Japan Cosmetic Industry Association, hereby certify that the following cosmetic product(s) exported by (Name of the Marketing Authorization Holder), (Address) is(are) manufactured(imported) subject to the supervision of the Ministry of Health, Labour and Welfare as stipulated in the Pharmaceuticals, Medical devices and Other Therapeutic Products Act of Japan.

Product(s) :

TOKYO, date

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SAMUKAWA Hiroshi

Senior Managing Director

WEST-JAPAN COSMETIC INDUSTRY ASSOCIATION

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1-13, UCHIHONMACHI 2-CHOME, CHUO-KU, OSAKA-CITY,

OSAKA 540-0026 JAPAN

## CERTIFICATE

We, West-Japan Cosmetic Industry Association, hereby certify that the following cosmetic product(s) manufactured(imported) by (Name of the Manufacturer), (Address) is(are) subject to the supervision of the Ministry of Health, Labour and Welfare as stipulated in the Pharmaceuticals, Medical devices and Other Therapeutic Products Act of Japan.

Product(s) :

TOKYO, date

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SAMUKAWA Hiroshi

Senior Managing Director

WEST-JAPAN COSMETIC INDUSTRY ASSOCIATION

## 誓約書

〇〇〇〇年〇月〇日付で発給申請した輸出用化粧品の実明書の内容は全て真実であり、かつ、許可証及び届書の記載事項を正確に反映していること、また、当該証明書の発給に伴う相談、苦情、訴訟、損害賠償等については、西日本化粧品工業会には一切責任がないことを確認し、輸出先国内及び日本国内におけるこれら一切の処理を申請会社が責任をもって行うことを誓約します。なお、都合により発給いただいた証明書を証明日から6ヶ月以内に使用しなかった場合には、返還することを併せて誓約します。

年 月 日

住所：(法人にあっては、主たる事務所の所在地)

氏名：(法人にあっては、名称及び代表者の氏名) 印