**(Provincial/Municipal) People’s Committee**

**(Provincial/Municipal) health Service**

Address:

Tel:

Fax:

Email:

**Certificate of free sale**

No.: ... /CFS

 Date ...

to whom it may concern

We, (Provincial/Municipal) health Service, hereby certify that the following product manufactured by (Manufacturer’s name) is allowed to be sold freely in Viet Nam.

* Manufacturer:
* Address:
* Kind of product: Cosmetics
* Name of product:

|  |  |
| --- | --- |
|  | Authorised SignatureNguyen Van ADirector(Provincial/Municipal) health Service |