Power of Attorney
授权委托书

This Power ofAttorneyisentered into byandbetween"we"
授权委托书由双方共同拟定

Foreign Medical Device Manufacturer

with its principal offices at
其办公地点为：

Address _____.

And Consignee
受托方

杭州瑞旭产品技术有限公司（Hangzhou CIRS CO., Ltd）

with its principal offices at
其注册地址为:

浙江省杭州市滨江区秋溢路 288 号东冠高新科技园 1 号楼 11 层 11/F., Building 1, Dongguan Hi-Tech Park, 288 Qiuyi Road, Binjiang District, Hangzhou 310052, China

We, the applicant, here by appoint and retain 杭州瑞旭产品技术有限公司（CIRS） as the Agent in People'sRepublic of China for our Medical Device Product .

我们，申请人，现授权杭州瑞旭产品技术有限公司（CIRS）作为本公司生产的医疗器械产品在中国境内代理人。

杭州瑞旭产品技术有限公司（CIRS）will be responsible for registration of the above product, and assume the following responsibilities：

1. Contract with CFDA and our company.
2. Accurately convey the relevant regulations and technical requirements to our company.
3. Collect adverse event after the products come into the market and feedback to our company, then report it to CFDA.
4. Post market medical device product recall, and report to the local food and drug supervision and management departments.
5. Product ion enterprises to assume joint responsibility to ensure product quality and after sale service.

杭州瑞旭产品技术有限公司（CIRS）负责办理以上产品注册事宜，并承担以下责任：

（一）与相应食品药品监督管理部门、境外申请人或者备案人的联络；

（二）向申请人或者备案人如实、准确传达相关的法规和技术要求；

（三）收集上市后医疗器械不良事件信息并反馈境外注册人或者备案人，同时向相应的食品药品监督管理部门报告；

（四）协调医疗器械上市后的产品召回工作，并向相应的食品药品监督管理部门报告；

（五）其他涉及产品质量和售后服务的连带责任。

This Power of Attorney shall become effective upon the signing date.

授权书自合同签订之日起生效。

APPLICANT

申请人

Foreign Medical Device Manufacutrer

Signature of responsible person

负责人签字:

Date:

日期：