DECLARATION OF CONFORMITY

We are solely responsible for declaring that the Medical Devices mentioned in this statement are of Low-Risk Class (Class I) and comply with the requirements of the European Regulation 745/2017 and where appropriate, the standards and legislation referred to.

MANUFACTURER:	**MOBIAK S.A**
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LIST OF PRODUCTS COVERED BY THIS DECLARATION

PRODUCT	CODE	UDI-DI	INTENDED USE	RULE
CHEST SUPPORT BELT	0803650	521300690whlaccsries29QE	INTENDED TO PREVENT FORWARD SLIDING AND AS A MEANS OF RESTRAINT FOR PATIENTS SITTING IN WHEELCHAIRS OR COMMODE CHAIRS.	1
BODY SUPPORT BELT	0803651	521300690whlaccsries29QE	INTENDED TO PREVENT FORWARD SLIDING AND AS A MEANS OF RESTRAINT FOR PATIENTS SITTING IN WHEELCHAIRS OR COMMODE CHAIRS.	1

CONFORMITY ASSESSMENT PROCEDURE
According to Annexes II & III of Regulation (EU) 2017/745
APPLIED STANDARDS & LEGAL REQUIREMENTS
ISO 13485:2016, ISO 9001:2015, (EU) 2017/745, EN ISO 14971:2019, EN ISO 15223-1:2021, ISO 20417:2021

CE

FOR APPROVAL	
NAME:	**SVOURAKI MARIA**
POSITION:	**CEO**
PLACE:	**CHANIA**
DATE:	**02/10/2024**
SIGN: