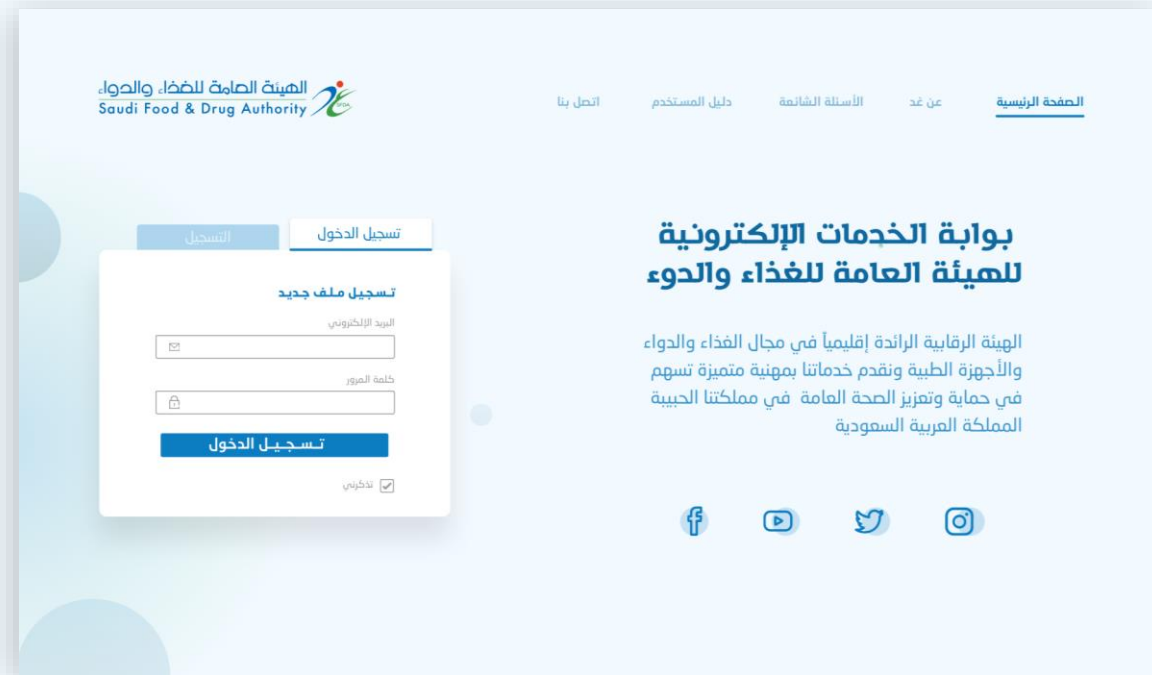


# User Guide for GHAD System

This Guide is for the User to Register in GHAD System

# Login Page



To enter, sign in or sign up.



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Account Name: Test Belal

Domain\*  
Medical Device

Main Activity\*  
Authorized Respresenatative

Choose the activity of establishment license

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CONTINUE CANCEL

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## Read the service and its fees

**Introduction**

Description:

( An electronic service enables the establishments to submit their Authorized Representative applications electronically )

Who Should Enroll?

Any legal established within the KSA who has received a written mandate from the manufacturer to act on his behalf for specified tasks including the obligation to represent the manufacturer in its dealings with the SFDA.

The purpose of Authorized Representative license:

Ensure that an authorized representative possesses a written mandate describing the activities for which it acts on the manufacturer's behalf and these are sufficient to ensure the proper application of the relevant provisions of the Medical Devices Interim Regulation.  
Ensure that the authorized representative sets out appropriate procedures for compliance with prescribed activities.

Requirements & Conditions:

Submit an agreement between the legal manufacturer and an authorized representative.  
Open account in the unified system and activate Authorized Representative option.

Annual Fees:

SR 2600

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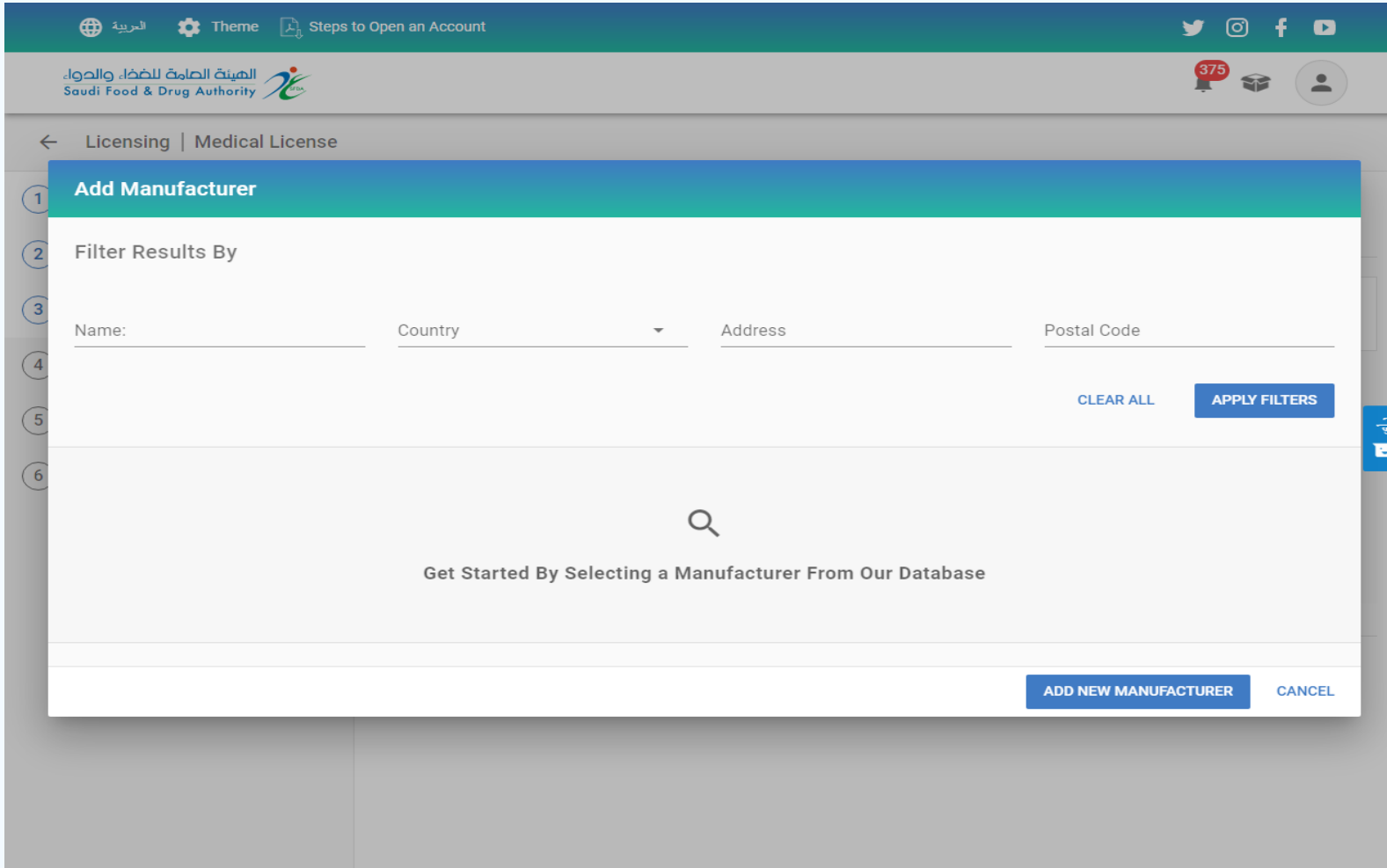
### Please add the external manufacturer Information

Section 1: Main Manufacture | + ADD MANUFACTURER

+  
Please start by adding at least one manufacturer

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BACK CONTINUE SAVE AND CONTINUE LATER CANCEL



There are two ways to add the manufacturer:

1- Add the manufacturer by searching one of the specified elements and selecting the desired manufacturer after applying the search. \*

2- Add a new manufacturer in if the manufacturer does not exist by choosing the "ADD NEW MANUFACTURER" icon

\* Note: When searching for manufacturer in the system list, please make sure and match all the specified manufacturer data before adding (name, address, zip code ...)



Please fill in the manufacturer information

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### Add New Manufacturer

Section 1: Manufacturer Name

Manufacturer Name\*

Section 2: Address & Location

Country\*

City\*

Address Line 1\*

Address Line 2

Postal Code\*

Search

Google  
This page can't load Google Maps correctly.  
Do you own this website? OK

Section 3: Communication Information

Email Address\*

Country Code\* Telephone Number\* Ext

Country Code Mobile Number Ext

Section 4: Registration Certificate

Registration Certificate

Attach the supporting document

Maximum file size: 25MB. Allowed file types: jpeg, jpg, pdf, png

ADD MANUFACTURER CANCEL

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### Manufacturer Information

Section 1: Main Manufacture | + ADD MANUFACTURER

ID:	ML0000000064
Manufacturer Name:	yarya
Country:	Saudi Arabia
City:	Riyadh
Postal Code:	4545454
Type:	Main Site
Device Categories:	<a href="#">View Device Categories</a>
Actions:	<a href="#">View Details</a>   <a href="#">Edit Details</a>   <a href="#">Delete</a>

PREVIOUS PAGE 1 NEXT PAGE

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You can choose "ADD MANUFACTURER" icon if there are branches of the main manufacturer





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### 1 Device Categories

2 ID:	ML0000000064	3 City:	Riyadh
4 Manufacturer Name:	yarya	5 Postal Code:	4545454
6 Country:	Saudi Arabia		

Please click on "ADD NEW DEVICE CATEGORY" icon to select the manufacturer's medical device categories.

No Device Category Found. Get Started by Adding a New Category

ADD NEW DEVICE CATEGORY CLOSE

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You should select the Categories of medical devices for the manufacturer

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Please attach the authorized representative with the external manufacturer and specify the number of licensing years

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**Mandate**

Section 1: Copy of the mandate between the manufacturer and the authorized representative

Upload copy of the mandate between the manufacturer and the authorized representative\*

Attach the supporting document

Maximum file size: 25MB. Allowed file types: jpeg, jpg, pdf, png

Confirm that the mandate meet the minimum requirements specified in article 6 of the implementing rule MDS-IR5

Section 2: License Validity

Select Number Of Validty Years\* ▾

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**Payment Information**

License Validity:	3 Years
Expected Payment (SAR):	7800.0

Display payment information of the service

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## Please read and agree all the terms and conditions

**Confirm and Submit**

1. I certify that I have read and understood all the requirements and conditions of SFDA mentioned in the system and regulations for each submitted application, and I pledge my commitment to it and any previous and future regulations and decisions approved by SFDA or relevant government agencies.
2. I hereby declare that the data and information provided are correct, and in the event it is proven otherwise, SFDA has the right to take any criminal or systematic action in accordance with its regulations and regulations.
3. This service is subjected to update, so I will continue to follow it and match it.
4. I pledge to use the license or certificate granted according to its purpose and not to violate any of the relevant requirements
5. I pledge to inform SFDA immediately after any change in the data has been made or previously submitted pursuant to this request, and within a maximum period of (10) ten days after the change occurred.
6. The user (the account holder) is fully responsible for the contents of the information that is loaded or included in the application submitted or in any of the services.
7. SFDA has the right, according to the laws and regulations, to terminate, restrict or stop the user's right to enter the system, submit applications, suspend or cancel the license
8. I pledge to be strictly confidential in all dealings with the SFDA.

I Agree on terms and conditions

BACK CONFIRM SAVE AND CONTINUE LATER CANCEL

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Your request has been sent for review.

**Request ID:** 2021-1799

**Your request has been sent for review by SFDA**

[Account Dashboard | My Requests](#)

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