

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 2017/745 and where appropriate, the standards and legislation referred to.

MANUFACTURER:	MOBIAK S.A	
SRN:	GR-MF-000016256	
SEAT ADDRESS:	KATHIANA AKROTIRIOU-CHANIA-CRETE-GREECE	
E-MAIL:	mobiakcarequality@mobiak.com	
TELEPHONE:	+30 2821063222	
WEB SITE:	www.mobiakcare.com	

COMPETENT AUTHORITY:	National Organization for Medicines	
CONTACT DETAILS:	Address: Mesogeion 284, PS 15562, Cholargos Phone : 2132040000 Website: https://www.eof.gr/	

LIST OF PRODUCTS COVERED BY THIS DECLARATION					
PRODUCT	CODE	BASIC UDI-DI	INTENDED USE	RULE	
MATTRESS COVER WATERPROOF, 200X90X10CM BLUE COLOR	0806634	521300690covers23FW	SUITABLE FOR HOSPITAL OR HOME USE	1	
WATERPROOF ARM COVER (ADULT 22INCHES/56 CM)	0808511	521300690covers23FW	INTENDED TO BE USED AS A WATERPROOF CAST OR BANDAGE PROTECTOR WHEN SHOWERING OR BATHING.	1	
WATERPROOF ARM COVER (CHILD 18INCHES/45 CM)	0808512	521300690covers23FW	INTENDED TO BE USED AS A WATERPROOF CAST OR BANDAGE PROTECTOR WHEN SHOWERING OR BATHING.	1	
WATERPROOF LEG COVER (ADULT 23INCH/58 CM)	0808513	521300690covers23FW	INTENDED TO BE USED AS A WATERPROOF CAST OR BANDAGE PROTECTOR WHEN SHOWERING OR BATHING.	1	
WATERPROOF LEG COVER (CHILD 18INCH/45 CM)	0808514	521300690covers23FW	INTENDED TO BE USED AS A WATERPROOF CAST OR BANDAGE PROTECTOR WHEN SHOWERING OR BATHING.	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



FOR APPROVAL			
NAME:	SVOURAKI MARIA		
POSITION:	CEO		
PLACE:	CHANIA		
DATE:	10/10/2024		
SIGN:	O MEDICAL O		