

# Medical Devices Regulation (EU) 2017/745 (MDR)

## Declaration of Conformity acc. Annex IV

For

Class 1 Medical Devices

**Manufacturer's name:** Van Raam

**Manufacturer's address:** Guldenweg 23  
7051 HT Varsseveld  
The Netherlands

**Product:** Therapy tricycle

**Device Name:** Midi

**Part number:** 335-XXXX

I, the undersigned, hereby declare that the equipment specified above, complies with the Essential Requirements of Medical Devices Regulation (EU) 2017/745 (MDR). The Products are labelled with the CE-Mark according to the above Directive.

This product also complies with the Machine Directive 2006/42/EG.

Varsseveld, 25-03-2020

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**Place, Date of Issue**

  

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**Signature, Name, Position**