

DECLARATION OF CONFORMITY



The Manufactuter

KLAXON MOBILITY GmbH

Industriestraße, 1 – 9601 Arnoldstein (AT)

SRN AT-MF-000004590

under his own responsibility, hereby declares:

*that the device **TWIST** have been classified as Class I devices (according to Annex VIII of EU 2017-745 MDR) and complies with the essential requirements of Annex I of the European Medical Devices Regulation EU 2017-745 (MDR)*
*that **Twist** device belongs to:*

- **GMDN 42805 code** (Wheelchair electric-motor-driven propulsion system)
- **UMDNS 17952 code** (Power Conversion Kits, Wheelchair)

Basic UDI-DI: **918000246TWIST2022HF**

Twist Family models:

Name	Code (REF)	UDI-DI
TWIST	KT-C0250W10	9180002460062
TWIST R	KR-C0250W10	9180002461878

Arnoldstein, 2023.04.24

KLAXON MOBILITY GmbH
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CEO and legal representative
ENRICO BOARETTO