

Retail/Sellers Pan Recall Report FORM "A"

Company:	Key Contact:
Position:	Email:
Phone:	Fax:
Address:	Name of Distributor/Supplier:
<input type="checkbox"/> (tick if applicable) I have also complied with distributor/supplier instructions for other product (not listed below) and have completed and returned form "B".	

AUST L or AUST R	Product name	Sponsor/Supplier	Batch	Expiry Date
Total Quantity	Quantity Released onto the market	Total Amount Recalled	Method of containment	

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Signed: _____

Dated: _____

Company: _____

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