

XYZ Pharmaceutical (Pvt) Ltd.

Logo	Title: SOP Name	Document Number	XY/QA/SOP/001 (Annex.III)
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**RECALL LETTERS/ NOTICE to DISTRIBUTERS/ MARKETING
COMPANY/RETAILERS (ANNEXURE -III)**

To _____ Recall Ref. No. -----

 Date: -----

Please stop further distribution/ sale of below mentioned product/ batches with immediate effect.
 Kindly recall the stocks of these batch/es from the market.

Product detail (Name/ strength, Dosage, Pack and Reg/enlistment number	Batch/ Lot No.	Mfg. Date	Exp. Date	Batch Size	Quantity released for sale

Tick the appropriate

Type of Recall	Voluntary/ Statutory
Recall Classification	Class I Class II Class III
Extent of Recall	Wholesaler Distributor Retailer Hospitals/ Health Care Professionals/ Consumers Authorized Exporters/Agents in Importing country

Reason of recall: -----

Licensee/ Representative of Licensee

Name, Sign, Stamp & Date

Manufacturing Site: -----

Mfg. Lic. No. -----