**RECALL LETTERS / NOTICE TO DISTRIBUTORS / MARKETING COMPANY / STOCKISTS / RETAILERS**

**(To be filled by licensee / representative of licensee)**

|  |  |  |
| --- | --- | --- |
| **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 details****(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/Healthcare Professionals/Consumers****Authorized Exporters/Agents in Importing country** |

**Reason for recall:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Licensee / representative of licensee** |  |  |  |
| **(Name, Sign, Stamp & Date)** |  |  |  |
| **Manufacturing site: ………………….** | **Mfg.Lic.No.: …………………...** |