

Ziska Pharmaceuticals Ltd

Date Expiry Product Application

Form-9

Issue Date :

Effective Date :

To
Director (Admin)
Ziska Pharm Ltd, Dhaka

Subject: Prayer for Replace Date Expiry Product

Date:

Sir,
With due respect, I am Employee ID Territory.....
Area Region working in your Pharmaceuticals. In my Market.
Some Chemist/Clinic/Hospita/ given me date expiry product to replace.which are describe as a table.

SL No	Name of Product	Quantity	MFG Date	Exp. Date	Value	Remarks
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
Total Value						

Please give me Permission to replace those product.

your Sincerely,

Receiving Date Receiver name & Deg

(Received Replace Product as I desire)

Signature & Date