

**Annexure –IV**

**Authorization for Discontinuation of SOP**

**Company Logo Here**

**XX PHARMACEUTICALS LIMITED**

117 Adams Street, Brooklyn, NY 11201, USA

**Authorization for Discontinuation of SOP**

SOP No. –

Title –

Effective Date –

Review Date –

Justification for Discontinuation –

Date of SOP discontinuation –

Initiated by (Concern Department)	Review by ( Department Head)	Approved by (AGM, Quality Assurance)
Sign. & Date	Sign. & Date	Sign. & Date