

Annexure-II
Repackaging Request Form

Company Logo Here	XX PHARMACEUTICALS LIMITED <small>117 Adams Street, Brooklyn, NY 11201, USA</small>
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Repackaging Request Form

Ref. No.	RP-
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<p>• Name of Product: _____</p> <p>Batch No.: _____ Mfg. Date: _____ Exp. Date: _____</p>	
<p>• Reason and Brief description of proposal: (attached sheet, if required)</p> <p>Amount to be repackaged: _____</p> <p>Raised by / Date: _____ (Concerned Dept.)</p> <p>Checked by / Date: _____ (Product Development)</p> <p style="padding-left: 150px;">_____ (Production)</p> <p style="padding-left: 150px;">_____ (Quality Compliance)</p> <p>Comments (if any): _____</p> <p>(attached sheet, If required)</p>	
<p>• Comments on the proposal by Concern Department Head:</p> <p>Signature/Date: _____</p>	
<p>• Comments on the proposal by Head of Product Development:</p> <p>Signature/Date: _____</p>	
<p>• Comments from General Manager, Plant:</p> <p>Signature/Date: _____</p>	
<p>• Comments from Head of Quality Assurance:</p> <p>Approved by: _____ Date: _____</p>	