

CERTIFICATE OF DESTRUCTION

CVT Recall Ref: 1832110

Consignee Account No:				
Consignee Business Name:				
Consignee Address:				
Invoice No:				
Sales/Purchase Order No:				
All inventory for the affected product has been checked and the following will be DESTROYED				
Product Code		Product Description	LOT#	¹ QTY
¹ Specify quantity units	1			
Method of Destructio (Clearly describe the method us		ed product)		
Rec	ord the name and title o	f the individual(s) who performed the product destr	uction	
Name	Signature	Title	Date	
IMPODTANT: Aug		ction: Proof of destruction should include photogra		

IMPORTANT: Attach visual proof of destruction: Proof of destruction should include photographs of the product before and after destruction. At least one photograph must clearly show product labelling of affected LOT.

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PRODUCT DESTRUCTION CONFIRMATION

The below signature provides confirmation that I, the consignee has destroyed any affected product in scope of CVT Recall Event TW-1832110.

NAME	
TITLE	
SIGNATURE	
DATE (DD/MM/YY)	

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