

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

Method of Destruction <i>(Clearly describe the method used to destroy the affected product)</i>

Record the name and title of the individual(s) who performed the product destruction

Name	Signature	Title	Date

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)	