

DISTRIBUTOR / RETAILER ACKNOWLEDGEMENT FORM

- Product Name: ____Dardnash ____
- Batch Number: ____DN-07____
- Manufacturing Date: __02-2024____
- Reason for Recall: __ Incorrect/Missing/Erroneous labeling details
- Date of Recall Notice: ____01-02-2025____

TO WHOMSOEVER IT MAY CONCERN

I acknowledge that I have received the recall notification for the above-mentioned product and will comply with the recall instructions provided by the Company. I confirm that I will immediately cease the sale and distribution of the affected batch, remove the product from sale, and return it to the warehouse as per the guidelines.

I will ensure the affected product is returned within 20 days and will maintain proper records of the recalled quantity. Additionally, I will inform you of the status at care@jamiahealthcare.com.

Distributor/Retailer Information:

Name: _____

Store Name: _____

Recalled Quantity: _____

Address: _____

City & State: _____

Contact Number: _____

Email: _____