

**EMBASSY PHARMACEUTICAL AND CHEMICALS LIMITED****NAME:****TERRITORY:****DATE:****2025 PERSONAL ORDER FORM- SUPER SUPPLEMENTS**

S/N	SUPER SUPPLEMENT	SKU/CTN	PRICE	ORDER	AMOUNT
1	BP CAP	5x12			
2	CARDIOCAP	5x12			
3	CO Q10	5x12			
4	CO Q10 FORTE	5x12			
5	EYEMAX SOFTGEL	5x12			
6	EYEMAX FORTE CARD	5x12			
7	EYEMAX FORTE JAR	5x12			
8	GLUCOREX	6x12			
9	FRATONEBETIC	5x12			
10	LIPIDMAX	5x12			
11	NERVERON	5x12			
12	FIBRONIL	5x12			
13	LACMA	1x100			
14	EZYSLEEP 3	5x12			
15	EZYSLEEP 5	5x12			
16	VAGWASH	1x100			

*Handwritten signature and initials*  
nsn