

PRODUCT DESTRUCTION REQUEST FORM

PDRF No.

1beTwVHPLb

Notice To	Date	DAAF No.
Zuellig Pharma Corp.	2022-12-22 14:2	3:35

Details of Pick-up Point				
Name of Beneficiary / Donee				
Graduate Student Council College of Sc	ience			
Pick-up Address				
Quaerat nisi tempore				
Contact Person	Contact No.	Pick-up Date		
Provident eum sed v	Perferendis est id	2022-12-31 00:00:00		
Other Pick-up Instructions:				
Quaerat minim offici				

Details of Delivery Point			
Name of Contact Person			
Blanditiis perspicia			
Delivery Address			
Sunt ex dolor iste d			
Authorized Recipient	Contact No.	Delivery Date	
Sint adipisicing ame	Sed segui dolore vol	2022-12-31 00:00:00	
Other Delivery Instructions:	•		
Dolorum tempora aut			

Details of Stocks for Destruction						
Principal / Company Name	Product Description	Expiration Date	Lot/Batch No.	Qty		
Astrazenica	Gabriel Ramos Hoyt Dillard Veniam ex ea commod Dele	2022 t12 m3 o tr 030 a0 0 i0 o recusa	nQauas facere eos rec	cu 100		

Approved by	Issued by
PHAPCARES EXECUTIVE DIRECTOR	Beneficiary's Representative
for ty: are, no	
Dr. Maria Rosarita Q. Siasoco SIGNATURE OVER PRINTED NAME / DATE	SIGNATURE OVER PRINTED NAME / DATE
ved by	Destruction Confirmed by
Warehouse Supervisor	Operations Manager
SIGNATURE OVER PRINTED NAME / DATE	SIGNATURE OVER PRINTED NAME / DATE
	Dr. Maria Rosarita Q. Siasoco SIGNATURE OVER PRINTED NAME / DATE Ved by Warehouse Supervisor