



Anx Reference No : ANX/037	
Your company name goes here	
TITLE	SPECIMEN ANNEXURE
Initiated Department : Quality Assurance	Annexure Name : drere
Annexure Code : A01-SOP-QA-9B48-R0	Page Count : 2
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Document Signatory Page

Signature Type	Name	Designation	Department	Date & Time
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Approved By	ALADMIN	Administrator	Quality Assurance	04-Nov-2020 19:41