

Pharmaceutical Packing List Declaration

Sender Information

Company Name

Address

Contact Person

Phone

Recipient Information

Company/Institution Name

Address

Contact Person

Phone

Packing List Details

Invoice Number

Date

Shipment Reference

Product List

No.	Product Name	Batch/Lot No.	Quantity	Unit	Manufacture Date	Expiry Date

Declaration

I hereby declare that the above-mentioned products are properly packed and labeled according to the pharmaceutical shipment regulations and that the information provided is correct and complete.

Authorized Signature

Name

Date