## **Export Product Release Authorization Form**

| Product Name:                    |        |         |
|----------------------------------|--------|---------|
|                                  |        |         |
| Product Code / SKU:              |        |         |
| Troduct Gode / Give.             |        |         |
|                                  |        |         |
| Batch / Lot Number:              |        |         |
|                                  |        |         |
| Our white                        |        |         |
| Quantity:                        |        |         |
|                                  |        |         |
| Release Date:                    |        |         |
|                                  |        |         |
|                                  |        |         |
| Customer Name:                   |        |         |
|                                  |        |         |
| Danking tion County is           |        |         |
| Destination Country:             |        |         |
|                                  |        |         |
| Compliance/Degulates / Deglarati | an.    |         |
| Compliance/Regulatory Declarati  | OH.    |         |
|                                  |        |         |
|                                  |        |         |
|                                  |        |         |
| Quality Control Checks:          |        |         |
| Check                            | Status | Remarks |
|                                  |        |         |
|                                  |        |         |
| Additional Notes:                |        |         |
|                                  |        |         |
|                                  |        |         |
|                                  |        |         |
| Authorized By:                   |        |         |
| Additionized by.                 |        |         |
|                                  |        |         |
| Date:                            |        |         |
|                                  |        |         |
| Quality Appropria                |        |         |
| Quality Assurance:               |        |         |
|                                  |        |         |

| Date | e: |  |  |  |  |
|------|----|--|--|--|--|
|      |    |  |  |  |  |
|      |    |  |  |  |  |