**STATE VETERINARY AUTHORITY VACCINE TECHNICAL COMMITTEE – New Application**

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| Your Ref.: |  | Date: | Please enter the date here |
| **To be fill in and accompanied by official letter by Distributor** (note: the name will be the distributor name in the registration cert.) |
| Company: | Please enter your company name here |
| Address:  |  |

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| ***Species*** | ***Disease*** | ***Trade Name*** | ***Manufacturer*** | ***Product Description*** | ***Agent in Sarawak*** | ***Nature*** | ***DVS PUTRAJAYA registration*** | ***Committee Decision*** | ***Date Approved*** | ***Ref. No.*** | ***Registration*** |
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| *Please add in rows if needed* |

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(for office use):

Vaccine Technical Committee

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| Chairman : | Member : |
| Member : |
| Member : | Member : |
| Member : | Member : |