**STATE VETERINARY AUTHORITY VACCINE TECHNICAL COMMITTEE - Renewal**

|  |  |  |  |
| --- | --- | --- | --- |
| Your Reference |  | Date | Please enter the date here |
| Company | Please enter you company name here | | |
| Address |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Product name  (add in column if needed) | Validity | DVS Sarawak Registration No. | Agent in Sarawak |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| *Please add in rows if needed* | | | | |

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(for office use):

Vaccine Technical Committee

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