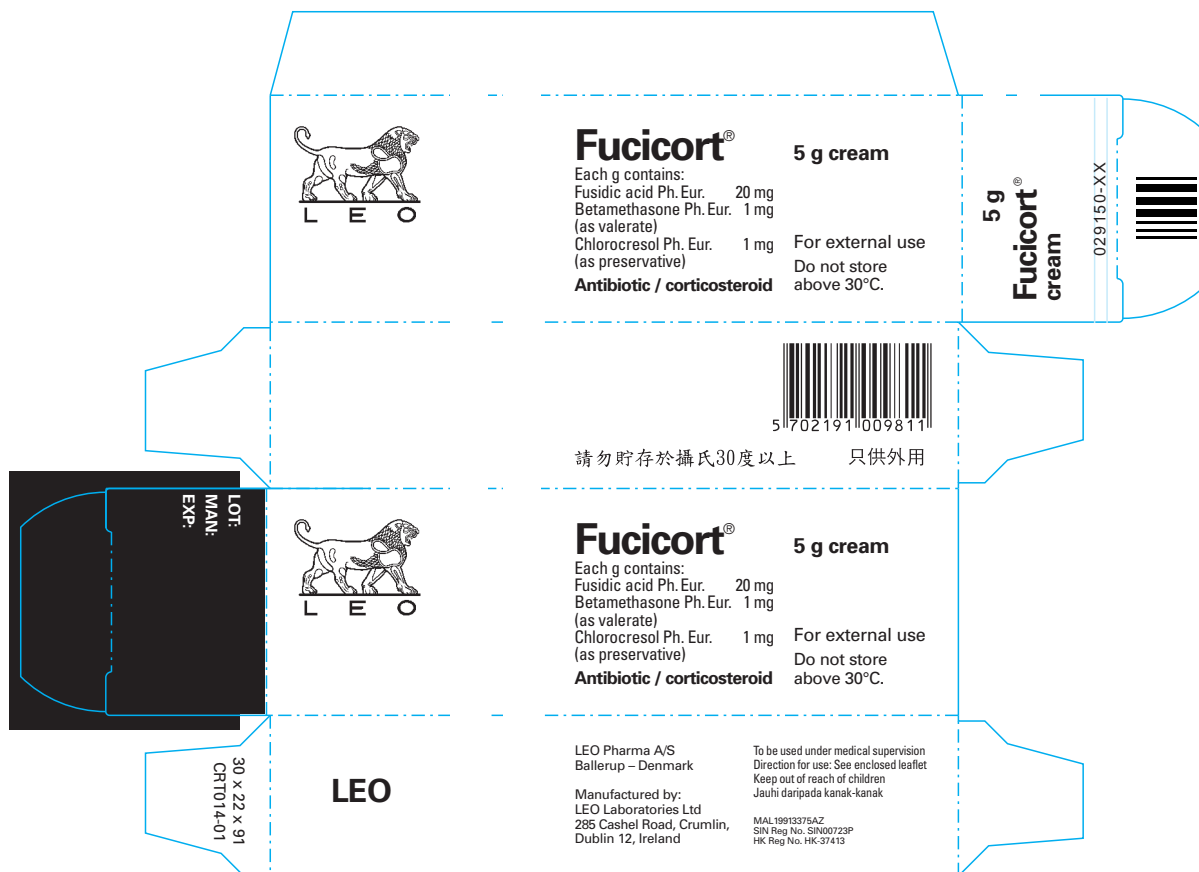




Scale 100%	Get-up MY/SG/LK/HK II	Item No. 029150	Rev. No. XX	Sent by e-mail ▼	
Subject CRT 30 x 22 x 91 mm			Date 09/06/15	Date	Date
Colour PMS 199 + 136 + black			Sign. OMA	Sign.	Sign.

Comments: Pharmacode 183 Mock-up for reg. purpose



1. PROOF FROM OMA		Mock-up Approval Stamp (MAS)					
Date	09/06/15	Graphic Design		Editorial Proof		Second Approver	
New proof requested ☐ Sign.:		According to: Instruction For Use, Mock-up Approval Stamp (MAS) SOP_000647 and SOP_000962 ☐		According to: Instruction For Use, Mock-up Approval Stamp (MAS) SOP_000647 and SOP_000962 ☐		Product name ☐	
						Dosage form ☐	
Date:		Sign.: _____ Date: _____		Sign.: _____ Date: _____		Strength/Stripes ☐	
						Pack size ☐	
						Prompts ☐	
						Item No./Reg. No. ☐	
						Barcode ☐	
						Sign.: _____ Date: _____	