

Appendix A

Recall Action Plan

Company

Unique Entity Number (UEN)

Product to be recalled

Brand and Model No.

Recall Communication Plan

Mode of corrective actions

**CONSUMER
PRODUCT SAFETY
OFFICE**

Stakeholders Involved

Timeline of recall

Target recall rate

Signature:

Name:

Designation:

Date:

Please note that making a false statement on this application is an offence under the Consumer Protection (Trade Descriptions and Safety Requirements) Act (Chapter 53).

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