



Document Title	Public Review Comment Form		
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PUBLIC REVIEW COMMENT FORM

Name & Surname:
Contact details Cell: Tel: Email:

Date:	Document No: PRD/SZNS 081:2024
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	MB ¹	Clause No./ Sub clause No./Annex	Paragraph / Figure / Table / Note	Comment (justification for Change)	Proposed change	Secretariat/Committee observations on each comment
1						
2						
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MB¹ = Member name/organization

Prepared by: SDO	Approved by: TM	Page 2 of 2
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