COMMENTS FORM FOR COLLECTING STAKEHOLDERS' VIEWS FOR NATIONAL VALIDATION OF THE DRAFT NATIONAL PHTOSANITARY POLICY, 2022

Name of stakeholder		Stakeholder category	(e.g.
	ure/Distributor/Retailer/far		
County		Date	
Section / Page	Issue	Stakeho	lder recommendation/change proposed
e.g. Section xxx page 23			