

AUTHORIZATION LETTER



Civic Drive, Filinvest Corporate City, Alabang, City of Muntinlupa 1781 Philippines

Date of Applied

dd MMMM yyyy

Name of the current Director

Director General
Food and Drug Administration
Civic Drive, Filinvest Corporate City, Alabang
City of Muntinlupa 1781 Philippines

Attention:

Officer-In-Charge
Policy and Planning Office
FDA Academy

I, _____ the undersigned, hereby authorize _____
(Name of the Company Owner/ General Manager) (Name of QPIRA Applicant)

to act/ represent on our behalf in all manners relating to product application, including signing of all documents relating to these matters.

Any and all acts carried out by _____ on our behalf shall have the same affect as acts of our own.
(Name of QPIRA Applicant)

This authorization is valid until further written notice from _____.
(Name of Company)

Company Owner/ General Manager
Signature over Printed Name

for more than 1 authorized company

I, _____ the undersigned, hereby authorize _____
(Name of the Company Owner/ General Manager) (Name of QPIRA Applicant)

to act/ represent on our behalf in all manners relating to product application, including signing of all documents relating to these matters.

Any and all acts carried out by _____ on our behalf shall have the same affect as acts of our own.
(Name of QPIRA Applicant)

This authorization is valid until further written notice from _____.
(Name of Company)

Furthermore, our company, _____ interposes no objection for _____ to represent other company
(Name of the Company) (Name of QPIRA Applicant)
included in this form.

Company Owner/ General Manager
Signature over Printed Name

I, _____ the undersigned, hereby authorize _____
(Name of the Company Owner/ General Manager) (Name of QPIRA Applicant)

to act/ represent on our behalf in all manners relating to product application, including signing of all documents relating to these matters.

Any and all acts carried out by _____ on our behalf shall have the same affect as acts of our own.
(Name of QPIRA Applicant)

This authorization is valid until further written notice from _____.
(Name of Company)

Furthermore, our company, _____ interposes no objection for _____ to represent other company
(Name of the Company) (Name of QPIRA Applicant)
included in this form.

Company Owner/ General Manager
Signature over Printed Name

For QPIRA Applicants only