



AUTHORIZATION LETTER

DATE

This is to certify that the names and signature indicated below are registered employees/ representatives of _____ are hereby authorized to sign documents duly required by the **National Tobacco Administration** for your reference.

FULL NAME OF THE REPRESENTATIVE	CONTACT	ORIGINAL SIGNATURE	INITIAL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

This Authorization Letter is valid until December 31,2025. Attached is the authorized representative's Company ID or Valid ID with signature.

PRESIDENT/GENERAL MANAGER