## **Company Letter Head Company Address** Date: DD/MM/YYYY **NATIONAL PHARMACEUTICAL REGULATORY AGENCY (NPRA)** Lot, 36, Jalan Universiti, 46200, Petaling Jaya, SELANGOR Dear Sir/ Madam, LETTER OF AUTHORIZATION I hereby authorize our organizational personnel, Ms./Mr. \_\_\_\_\_(full name)\_\_\_\_, IC/Passport : \_(NRIC/Passport Number)\_\_\_\_ designation \_\_\_\_\_(personnel's designation)\_\_\_\_ to act on behalf of company \_\_\_\_(company name) \_\_\_\_ to apply Quest 3+ USB Token and he/she shall be also acting on behalf of the company for all transaction pertaining to product registration/cosmetic notification via Quest 3+ system. Thank you. Sincerely, \_\_\_\_\_(hand signature)\_\_\_\_\_ NAME: **Designation:**

Company stamp: