Authority Letter

| Date: |
|--|
| Place: |
| Patient Name: |
| Contact Number: |
| Address: |
| Subject: Authority Letter for doing necessary formalities to import medicine under "Named Patient Purchase" Program |
| To whom so ever it may concern |
| I hereby authorized to do all the necessary |
| |
| I hereby authorized to do all the necessary |
| I hereby authorized to do all the necessary formalities for import of medicine on my behalf whose specimen signature attested below. |
| I hereby authorized to do all the necessary formalities for import of medicine on my behalf whose specimen signature attested below. |
| I hereby authorized to do all the necessary formalities for import of medicine on my behalf whose specimen signature attested below. Thank you. |