Company Name

*Company Logo*

*ABN*

*Address Line 1, Address Line 2*

*Suburb, City, Post code*

*Tel: (00) 0000 0000*

*Email: name@website.com.au*

*APVMA*

GPO Box 574

Canberra ACT 2601

AUSTRALIA

*Date*

Dear APVMA

**Re:** **Letter of Appointment of Authorised Agent**

I, [*insert your name*], as [*insert your company title, e.g. Director*] of [*insert Holder company name*], authorise *[insert name of Authorised Agent principal]* of [*insert Authorised Agent company name*] to be the authorised agent for the following purposes:

*[Holder to tick appropriate functions]*

[ ]  Submitting applications for new products, actives and permits

[ ]  Managing/varying the products, actives and/or permits specified in table 1.

Table 1: Product and active details

|  |  |
| --- | --- |
| **APVMA Product No.** | **Name of Product or Active** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

This authorisation includes either/or *[Holder to tick as appropriate]*

[ ]  All staff employed by the authorised agent

**OR**

[ ]  The following individual staff of the authorised agent

|  |  |
| --- | --- |
| **First name** | **Surname** |
|  |  |
|  |  |

Yours sincerely

*Signature*

[*Insert Holder name*]

[*Insert Holder company title, e.g. Director*]