

**[Letterhead of the Local agent]**

*Include company logo, full address, phone, email, and website*

**Date**

Chief Executive Officer,  
National Medicines Regulatory Authority (NMRA),  
Sri Lanka

Dear Sir,

**Consent Letter from the local agent to withdraw the application**

I hereby confirm that I have no objection to withdraw the application when the authority notice duplication and decides to withdraw the latest application from the process.

Thank you.

Yours Faithfully,

.....

Name of the signatory:

Designation:

(Company Seal)