

[Letterhead of the Manufacturer]

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

[Date]

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

Letter of Authorization

Dear Sir/Madam,

We, **[Legal/Physical Manufacturer Name]**, located at **[Legal/Physical Manufacturer Address]**, hereby appoint and authorize **[Full Local Agent/Authorized Representative Name]**, located at **[Full Local Agent Address, including country]**, to act on our behalf in all matters related to the registration, importation, distribution, and regulatory correspondence of our medical devices in Sri Lanka for the following medical device/s manufactured at sites mentioned below.

Generic name of medical device	Manufacturing site

We confirm that the appointed agent is fully authorized to act on behalf of our company for the aforementioned products and regulatory matters. This authorization is valid until **[DD/MM/YYYY]** or until revoked in writing by the manufacturer.

Thanking You,

Yours Faithfully,

.....
Signature of the authorized person

Designation of the Authorized person

*****Special note:*** *if manufacturer has appointed only one local representative for Sri Lanka for the specified site please use the above format. If the manufacturer has appointed more than one local agent for the specified site, please include the details accordingly****