

**XYZ Pharmaceutical (Pvt) Ltd.**

Logo	<b>Title: <i>Signatories List</i></b>	Document Number	XY/QA/SOP/001 (Annex. 1)
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I/we confirm that the undersigned are authorized sign certificate of origin. Invoices and any other relevant documentation on my/our behalf and will keep the chamber informed of any changes of any personnel which may arise. Their signature appear against their names and information below:

Name	Position	CNIC No	Email ID	Signature

<b>Signature</b>		<b>Name</b>		<b>Date</b>	
Must be Director or Company Secretary					