



Government of the Republic of Trinidad and Tobago

Ministry of Health

TOBACCO CONTROL UNIT

Special Programmes and Services Building,
Eric Williams Medical Sciences Complex, Mt. Hope

FORM A

LETTER OF AUTHORIZATION FOR THE CONDUCT OF BUSINESS ON BEHALF OF TOBACCO LICENCE APPLICANTS/ HOLDERS

NO:

Date:

**The Honourable Minister of Health
u.f.s The Manager, Tobacco Control Unit
Special Programmes and Services Building
Eric Williams Medical Science Complex
Mt. Hope
Trinidad, W.I.**

Dear Sir/Madam,

I/We of
(NAME OF APPLICANT(S) IN BLOCK LETTERS) (NAME OF REGISTERED COMPANY)

do hereby authorize of
(NAME OF AUTHORIZED PERSON IN BLOCK LETTERS) (ADD. OF AUTHORIZED PERSON/BROKERAGE FIRM)

bearer of ID/DP/PP Number to conduct business on our/my behalf
as it pertains to our/my application for a tobacco licence and related services.

A copy of his/her ID/DP/PP is attached for your reference.

AFFIX COMPANY STAMP
HERE

.....

Signature of Applicant

.....

Date



1(868) 226-7778
Ext. 6005/6007/6008/6009



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tobaccocontrolunit@health.gov.tt