



Government of the Republic of Trinidad and Tobago

Ministry of Health

TOBACCO CONTROL UNIT

#4-6 Queen's Park East, Port of Spain 101002

**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
#4-6 Queen's Park East
Port of Spain
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.

.....

Signature of Applicant

.....

Date

*AFFIX COMPANY STAMP
HERE*



1 (868) 217-4664
Ext. 13830-13836



www.health.gov.tt



tobaccocontrolunit@health.gov.tt