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| D:\nda\2016\memo\nda logo.jpg | **National Drug Authority****Plot No. 46 - 48 Lumumba Avenue,****P.O. Box 23096, Kampala, Uganda.****email:** **ndaug@nda.or.ug****; website:** [**www.nda.or.ug**](http://www.nda.or.ug)**Tel: +256-414-255665, +256-414-347391/2** |  |
| **9. Letter for Ectoparasiticide Trial Authorization from Manufacturer** |

Date: …………………………………………………………………………..………….

(Company’s Name) ……………………………………………………………………..

A company operating under the laws of ……………., located in ……………,

Local company name and address

Tel No: …………………………….

Fax No:……………………………

E-mail: ……………………………..

To represent us in Uganda for the application of the Trial Licence for:

Protocol No : ………………………

Release date: …………………….

…………………..…………………………………………..(The local company’s name and address) is authorized to be the Trial Licence Holder and will be responsible for all matters pertaining to the Trial Licence application for the above mentioned trial protocol.

Yours faithfully.

………………………………………

Authorized name & signature