Letter Head

Date: ………………….

Chief Executive Officer,

National Medicines Regulatory Authority,

No.120, Norris Canal Road,

Colombo 10,

Sri Lanka.

Dear Sir,

**Subject : Consent Letter of the Authorized Local Agent**

I hereby confirm that I have no objection to withdraw the application when the authority notice duplication and decides to withdraw the latest application from the process.

Thank you.

Yours Faithfully,

…………………………………..

Name of the signatory:

Designation:

(Company Seal)