I hereby authorize

Name of the company:

Business address:

Business register number:

EORI number:

Company Representative name:

Company representative tel:

Company Representative Email:

as TRACES NT Administrator for FLEGT licensing matters. The authorization can be revoked by notifying the Food Agency (tuovi@ruokavirasto.fi) and the authorized person.

the assignor:

Name of the company:

Business address:

Business register number:

EORI number:

Name of the assignor:

Assignor tel:

Assignor E-mail:

**Place and date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the representative of the authorizing company

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Todistajan allekirjoitus