

POWER OF ATTORNEY

The Director General
PMRA
P.O Box 30241
Lilongwe 3
MALAWI
Email: info@pmra.mw

Date:

Dear Sir/Madam,

POWER OF ATTORNEY FOR PROTOCOL NAMED

Name of study/protocol.....

This is to inform that.....

Dr./Prof....., as site principal Investigator and whose signature follows

Sign.....

Has been duly authorised byin respect to the above named protocol in Malawi.

Yours faithfully,

Signature

Full Name

Designation (of the director of the institution or Co-ordinating Investigator or sponsor etc.)

Name of Institution

Note: This document has to bear an official stamp of the institution.