

Date: _____

Customer Ref No.: _____

Company Name: _____

Address: _____

To: Mediharta Sdn Bhd

Re: Letter of Authorisation

I/We _____ (authorised purchaser name) from
_____ (company name) hereby authorise
_____ (collector name) holder of NRIC no.
_____ to collect our order _____
(sales order no) for Meditags™ on our behalf.

I/We fully understand and accept that title and risks to the Meditag™ will belong to me/us upon collection from Mediharta's premises by my/our appointed personnel.

Authorised Purchaser Signature:

Company Stamp:

Name : _____

Date : _____

For Mediharta's Use Only

Accept Collection:

Yes Date: _____ Time : _____ (AM/PM)

No Reason: _____

Dispensed by: _____