Government of Pakistan Plant Breeders' Rights Registry

AUTHORIZATION FORM

I/We	
1.	Name:
	Designation:
	Institute/organization
	CNIC:
	Address:
2.	Name:
	Designation:
	Institute/organization:
	CNIC:
	Address:
for fili	y authorize the person/person with names and address given below to act in my/our behalf ng application for protection of plant variety
1.	Name:
	S/o/D/o:
	CNIC:
	Address:
2.	Name:
	S/o/D/o:
	CNIC:
	Address:
	urther declare that all previous authorizations are hereby revoked which were made in nnection.
	Signatures of Authorizing Person:
	Name:
	Designation:
	Institute/Organization:
Го,	
The Re	egistrar
The Pl	ant Breeders' Rights Registry
slama	abad