**DESIGNATION OF ALTERNATE SIGNATORY / AUTHORIZED OFFICERS FOR TRANSACTIONS IN THE eZTS**

I hereby designate and authorized Mr/Ms (Full Name), (Position), a bonafide employee of our company, whose specimen signature and initials appear below, to certify in behalf of our company and in my absence, any changes to be made on the following List of authorized Officers, to be given access to the Electronic Zone Transfer System (eZTS) for the transfer of goods between our company and other PEZA-registered ecozone enterprises.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **Position / Designation** | **SIGNATURE** | **INITIAL** | **Cell No. / Email Address** |
|  |  |  |  |  |

***List of Company’s Authorized Officers to access eZTS***

|  |  |  |
| --- | --- | --- |
| **Name** | **Position / Designation** | **Cell No / Email Address** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

We understood that **(Name of PEZA-registered enterprise)** shall be solely accountable for all applications electronically filed in the eZTS in its name.

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Signature over Printed Name of the President/CEO

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

Name of PEZA-registered Enterprise / PEZA C.R. No.

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

Date