**(1) Proposed text for the letter of the competent authority**

**Dear / Ministry of Public Health - Food Safety and Environmental Health Department - Qatar**

**Greetings…**

**Subject: Authorization of Employees to register in the Global Partners System**

Please be informed that the …….name of the competent authority …… is the competent authority in …….the name of the country…. to issue Health certificates and / or phytosanitary certificates for exported foods.

Kindly, please advice about approve the registration of our employees/staff whose details are shown in the table (attached / below) as users of the system

If you have any feedback about the use of the system or its users, you can contact …. the name (s) of the person (s), their Job title and contact information (at least direct phone and e-mail) at any time.

**List of authorized for regestration**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| E-mail | Mobile Number | Direct telephone (office) | Official stamp | official Signature | Department / Section / Unit | Job Description  | Name of the Employee  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Authorized Person Name & Signiture** |  | **Authorized Stamp** |
|  |  |  |

**(2) Proposed text for the letter of authorized body by the competent authority (third party)**

**Dear / Ministry of Public Health - Food Safety and Environmental Health Department - Qatar**

**Greetings…**

**Subject: Authorization of Employees to register in the Global Partners System**

Please be informed that ….the name of the authorized entity…….. is authorized to issue Health certificates and / or phytosanitary certificates for exported food by ….. the name competent authority ….as the competent authority in..…. the name of the country....Note that this authorization under …... Number…. and date….. of the authorization document..… which attached copy of it with this letter .

Kindly, please advice about approve the registration of our employees/staff whose details are shown in the table (attached / below) as users of the system

If you have any feedback about the use of the system or its users, you can contact …. the name (s) of the person (s), their Job title and contact information (at least direct phone and e-mail) at any time.

**List of authorized for regestration**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| E-mail | Mobile Number | Direct telephone (office) | Official stamp | official Signature | Department / Section / Unit | Job Description  | Name of the Employee  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Authorized Person Name & Signiture** |  | **Authorized Stamp** |