Letter Head of Coop

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION**

This is to authorize the following “additional” end-users of NEA-BIT as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EC Name** | **First Name** | **Last Name** | **Middle Name** | **Primary Email** | **Secondary Email** | **Contact No.** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Recommended by**: **Approved by:**

NEA BIT Point Person General Manager