**DESIGNATED AUTHORIZED SIGNATORY, LIAISON OFFICER AND ALTERNATE FOR GEL APPLICATION**

I am submitting herewith the following information of the Authorized Signatory, GEL Liaison officer and Alternate with their contact details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Details** | **Authorized Signatory** | **GEL Liaison Officer** | **Alternate GEL Liaison Officer** |
| **NAME****(last, first middle)** |  |  |  |
| **POSITION TITLE** |  |  |  |
| **E-MAIL ADD** |  |  |  |
| **OFFICE NUMBER** |  |  |  |
| **MOBILE NUMBER** |  |  |  |
| **SPECIMEN SIGNATURE (please sign with in the box)** |  |  |  |

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 Signature over printed name Date

 (Owner/Licensee)

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 Employer’s Company Name