AstraZeneca Quotation No: \_\_\_\_ Dated [Month] [Date], [Year]

To

\_Name of institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_Institution Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir/Madam,

**Subj:** AstraZeneca Authorization

**Ref:** Tender No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In reference to your above tender enquiry, we hereby authorize our authorized distributor **M/s [Supplier Name), [Supplier Address]** to submit rate, procure orders, effect supplies, and collect payments from your organization for the products listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| **SL No**  **(1)** | **Brand Name**  **(2)** | **Generic Name**  **(3)** | **Pack Size**  **(4)** |
|  |  |  |  |

We hereby inform that we can supply the quantity of products as per our standard pack size mentioned in column 4 of the above table.

**This authorization is valid until [Month] [Date], [Year].**

Further we wish to inform you that **this authorization is valid and applicable only for the tender mentioned under reference** and AstraZeneca reserves the right to make any changes in distributor/distribution during the validity period of this contract.  if there will be any changes, same will be notified to your esteemed institution.

[Deviation 1]

[Deviation 2]

We request you to send us your queries or any correspondences only to our official e-mail address: [institution.az@astrazeneca.com](mailto:institution.az@astrazeneca.com)

For AstraZeneca Pharma India Limited.

**Authorised Signatory**

e-mail address: [institution.az@astrazeneca.com](mailto:institution.az@astrazeneca.com)