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8 January 2021

5.1.2e 20-3115140730 5.1.2e

Agreed and acknowledged by:

Ministry of Health, Welfare and Sport

On behalf of HWS I have read and understood the conditions of this authority letter and I am willing to accept them. For this I am properly authorized by HWS:

Signature:

5.1.2e

Name:

5.1.2e

Position:

5.1.2e

Date: 19-01-2021