

AFFIDAVIT

I, _____ S/o _____ (Quality)
resident
of _____ do hereby

solemnly affirm and declare as under:-

1. That I am working as a _____
M/s _____
_____ (Full address of the firm)
2. That the said firm is manufacturing pesticides/insecticides/weedicides/fungicides.
3. That I am the responsible person of said firm under Section 33 of the Insecticide Act and I shall be responsible for all the Acts & omissions of M/s _____
_____ pertaining to quality control of manufactured insecticides products.

Date: _____ Deponent

Place:

Verification:

Verified that the above contents are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Deponent

RESOLUTION

“Resolved that Sh. _____ (above said person)
Designation _____ be and is
responsible for all the acts and omissions pertaining to quality control of manufactured insecticides products to be sold in Punjab and is also empowered to take all such steps as may necessary or expedient to prevent the commission of any offences under the said Act and Rules and allied laws relating to manufacture of insecticides.

Signature
Seal of the Company

Date:

Place