

NTA-RD-F-006-A rev 02

LIST OF WTD/s WHERE THE BS WILL SELL/DELIVER LEAF TOBACCO ACCEPTANCES

Trading Year _____

		Authorized Signatory		
Name of WTD/s	Address of	Name of Manager	Authorized	
	WTD/s		Representative	
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Prepared by:				
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Signature Over Printed Name of BS Clerk				
eignature over 1 fillited Name of Bo Clerk				
Certified Correct:				
Certified Correct:				
				
	Signature Over Printed Name of BS Manager/			
	Δuth	orized Representative		