



INTERNATIONAL SEED TESTING ASSOCIATION (ISTA)

Secretariat, Zürichstrasse 50, 8303 Bassersdorf, CH-Switzerland

Phone: +41-44-838 60 00, Fax: +41-44-838 60 01, Email: ista.office@ista.ch, <http://www.seedtest.org>

Exercise of voting rights within the International Seed Testing Association

2. Designation of a Personal Member of the Association as an ISTA Designated Member

At Ordinary General Meetings of the International Seed Testing Association (ISTA), rights to vote can be exercised only by Governments [*The Articles of the International Seed Testing Association (ISTA) IV., A., Article 12(a)*], in the following manner:

1. Each Government [as defined in *The Articles of the International Seed Testing Association, III., Article 4, (a)*] must designate a Designated Authority [*The Articles of the International Seed Testing Association, III., Article 4, (b)*] and appoint a representative thereof.
2. The Designated Authority must designate at least one Personal Member of the Association to become a Designated Member of the Association [*The Articles of the International Seed Testing Association (ISTA), III., Article 4, (c)*]. The designation must be signed by the appointed representative of the Designated Authority.
3. Each year, the Designated Authority must nominate one Designated Member to be the voting delegate for that year [*The Articles of the International Seed Testing Association (ISTA), IV., A., Article 12 (a)*]. The nomination must be signed by the appointed representative of the Designated Authority.

With this designation the Designated Authority designates a Personal Member of the Association as an ISTA Designated Member.

(PLEASE TYPE OR USE BLOCK LETTERS)

The ISTA Designated Authority _____
represented by (Name of the authority representative)

First Name _____ Surname _____

Position of the authority representative _____

Address of the authority _____

Telephone _____ Fax _____

E-mail _____

Website _____

designates the following Personal Member as a Designated Member of ISTA:

(PLEASE TYPE OR USE BLOCK LETTERS)

Name of the Personal Member

First Name Surname

ISTA Membership code

Address of the Personal Member
.....
.....
.....
.....

Telephone Fax

E-mail

Place and date **Signature of the Designated Authority representative** **Designated Authority stamp**

Please note: The designation of a Personal Member to become a Designated Member, and the nomination of a Designated Member to be the voting delegate for the current year, must be signed by the appointed representative of the Designated Authority.

Withdrawal of the designation of a Personal Member by the Designated Authority can be done at any time through an informal letter by the Designated Authority to the Secretary General of the Association.