



## 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](mailto:ista.office@ista.ch), <http://www.seedtest.org>

# Exercise of voting rights within the International Seed Testing Association

## 1. Designation of an ISTA Designated Authority

At Ordinary Meetings of the International Seed Testing Association (ISTA), rights to vote can be exercised only by Governments [ISTA Constitution Article IX(a)], in the following manner:

1. Each Government [as defined in ISTA Constitution Article IV (a)] must designate a Designated Authority [ISTA Constitution Article IV (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 [ISTA Constitution Article IV (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 [ISTA Constitution Article IX (a)]. The nomination must be signed by the appointed representative of the Designated Authority.

**With this designation a Government, as defined in Article IV (a) of the ISTA Constitution, designates an authority as an ISTA Designated Authority.**

(PLEASE TYPE OR USE BLOCK LETTERS)

**On behalf of the Government of \_\_\_\_\_**  
**represented by (Name of the representative)**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Position of the representative \_\_\_\_\_

Government department \_\_\_\_\_

Address of the Government department \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

**the following authority is hereby designated as the ISTA Designated Authority:**

(PLEASE TYPE OR USE BLOCK LETTERS)

**Name of 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 .....

**Signature of the authority representative**

**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.

-----  
**Place and date**

-----  
**Signature of the Government representative**

-----  
**Government stamp**