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| **ROUTING SLIP** | | | |
| FOR SIGNATURE OR CLEARANCE OF:  OFFICE OF THE DIRECTOR, MANAGEMENT AND OPERATIONS DIVISION | | DUE DATE:  AS SOON AS POSSIBLE | |
| ADDRESSEE:  MR. ANDREW COX | |  | |
| **ROUTE** | | | |
|  | DATE: | | SIGNATURE: |
| DRAFTING OFFICER: |  | |  |
| OTHER REVIEWERS (AS REQUIRED): |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| HEAD OF BRANCH OR OFFICE: |  | |  |
| SPECIAL ASSISTANT:  Linda Kegedi |  | |  |
|  | | | |
| Special instructions or remarks: | | | |