**Certificate Collection - Authorisation Form**

I, **CLICK OR TAP HERE TO ENTER TEXT.** *(Name as per NRIC)* hereby authorise **CLICK OR TAP HERE TO ENTER TEXT.** *(Name as per NRIC)* **CLICK OR TAP HERE TO ENTER TEXT.** *(NRIC No.)* to act as my representative and to collect my IHRP Certificate.

My representative understands that he/she would be required to produce his/her NRIC for verification purposes when collecting the said document on my behalf.

I understand that I shall be fully responsible for the delivery, of the said document from my representative.

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| Signature of Certificate Recipient  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Click or tap to enter a date. | Signature of Recipient’s Representative  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Click or tap to enter a date. |