

Card / Certificate Collection Authorisation Form

Mr / Ms _____

NRIC / FIN No. _____ is hereby authorised to collect the Cards / Certificates

on behalf of _____
(Name of Company)

for training attended at **EuroSAFE Associates Pte Ltd.**

(Course title & Batch No.)

List of Trainees' *(Full Name as per identity document)*

S.No	TRAINEES NAME	NRIC / FIN	COURSE NAME	BATCH NO
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

(Name of designated person)

Signature & Date (company stamp)