

DATE : _____

FSM BATCH NO: _____



CIVIL DEFENCE ACADEMY
101 JALAN BAHAR, S(649734)

CORPORATE AFFAIRS BRANCH:
67945606
FAX: 67945591
FSIB (TRAINING BRANCH) : 67945674

RE: AUTHORIZATION TO COLLECT FIRE SAFETY MANAGER CERTIFICATE

I, *(full name)*¹ _____ ,
*(NRIC/ ID/Passport number)*² _____ , *(contacts)*³ _____

hereby authorize the below mentioned representative to collect the certificate on my behalf.

The representative details as follows:

Name: _____

NRIC/ ID/ Passport number: _____

Contact Number: _____

Company (if any): _____

1. A photocopy of my *NRIC /ID Card / Passport will be **attached at the back of this copy** for your verification.
2. My representative understands that * he / she would be **required to produce** * his / her NRIC /ID Card / Passport for identification and record purpose when collecting the certificate for me.
3. I also confirm that my representative shall have the authority to sign for acknowledgement of the receipt of the certificate. I understand that I shall be fully responsible for the undelivery, if any, of the certificate from my representative.

Yours faithfully,

(signature / company logo if any)

* Please delete where inappropriate

RESTRICTED