



MEMBERSHIP DEPARTMENT
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AUTHORISATION FORM TO COLLECT PRACTISING CERTIFICATE

Name : _____

Memno : _____

H/P No : _____ Tel No. _____ Fax No. _____

E-Mail : _____

I (name as above) am unable to collect my practising certificate personally. As such, I hereby authorize the following person to collect my certificate on my behalf.

Name of the authorized person : _____

NRIC No : _____

Best regards

Signature

Date