



## LETTER OF AUTHORISATION FORM

**Please upload the completed form on the registration page.**

This form is to be completed by applicant organisation ("**Applicant**") which signed up with GIVING.SG.

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Organisation Name	
UEN	
Administrator Name	
Administrator Contact No.	
Administrator Organisation Email	

- (a) We hereby confirm that we wish to set up a GIVING.SG account and we agree to GIVING.SG Terms and Conditions stated in <https://www.giving.sg/doc/policy/1/General%20Terms%20of%20Use>.
- (b) We confirm that the above staff is authorised as the administrator of our GIVING.SG account. He/she shall manage our GIVING.SG account and have full access to the records of our activities which are made available to this account. He/she can be contacted at the above contact number and email address.
- (c) We acknowledge that non-compliance with any of the Terms and Conditions referred to in paragraph (a) may result in suspension or cancellation of our GIVING.SG account.
- (d) This authorisation shall remain in force until we have expressly revoked it by notice in writing delivered to you.

\_\_\_\_\_  
Signature of Authorised Signatory  
Name:  
Designation:

\_\_\_\_\_  
Organisation's Stamp

\_\_\_\_\_  
Date