

AUTHORISATION LETTER



I,	(Full Name), IC No. TXXXX 🔲 🔲 🔲
from Class, am unable to co	ellect the result slip in person.
I hereby authorise Mr / Ms / Mdm	(Full Name)
IC No. XXXXX	ather / mother / sister / brother / guardian or
others (State th	e Relationship) to collect the results on my
behalf.	
Date collected	:
Signature of authorised personnel	:
Contact number of authorised personnel	:
Note:	o ID for identification at the General Office