

## COVID Measures Appointment Confirmation Form

## REPRESENTATIVE DECLARATION COVID MEASURES APPOINTMENT CONFIRMATION FORM

Ι,				$\_\_\_\_$ / $\_\_\_$ , declare that the completion of
this P	IAS Financial Pla	Rep Name anner. and the	recomme	PIAS Rep Code endation(s) within it, included the following face-to-face
				pre-arranged by appointment.
	ings with the cast	correr, winer ride	i un been	pre unanged by appointment.
No.	Date	Time	Location	n
l also (	declare that, dur	ing those meetin	gs, we ob	served Safe Management measures, including:
	_	sks by all parties;		
				least 1m apart at all times);
	•	_		a premise which has SafeEntry; he meeting room was disinfected before and after use; and
	_	gether application	-	ne meeting room was disinfected before and after use, and
	on our mobile			
			ouraging	the Customer to download and use the TraceTogether
	application			
	rmed by PIAS Re	presentative		1
Signatu	ıre			
Name	2:			•
Date:		(dd/mr	n/yyyy)	
Acknowledged by Customer 1				Acknowledged by Customer 2
Signatu	ıre			Signature
Name	2:			Name:
	Passport (Last 4	chars):		NRIC/Passport (Last 4 chars):
Date.		(dd/mr	m /\n\n\n	Date: (dd/mm/yyyy)