

APPOINTMENT OF AUTHORIZED PERSONNEL FORM		
<b>PART A - PARTICULARS OF COMPANY / ORGANIZATION</b>		
Name of Company / Organization:		
Registered Address (Place of Business):	Postcode: State: Country: Town/City:	
Correspondence Address:	Postcode: State: Country: Town/City:	
<b>PART B - PARTICULARS OF AUTHORIZED PERSONNEL</b>		
<b>FIRST AUTHORIZED PERSONNEL</b>		
Full Name (as shown in the identity card):		
New IC No. / Other ID No.:	Designation:	
Address (as shown in the identity card):	Postcode: State: Country: Town/City:	_____ Signature
Contact No.:		
<b>SECOND AUTHORIZED PERSONNEL (OPTIONAL)</b>		
Full Name (as shown in the identity card):		
New IC No. / Other ID No.:	Designation:	
Address (as shown in the identity card):	Postcode: State: Country: Town/City:	_____ Signature
Contact No.:		
<b>PART C - DECLARATION BY COMPANY / ORGANIZATION</b>		
I / We, agree and authorize the following personnel(s) of the company / organization to act on behalf and receive all the correspondences or related updates from <b>DearTime Berhad</b> ;		
I / We hereby confirm that the information given above is to our knowledge is true and correct and we shall update <b>DearTime Berhad</b> on any changes to our Authorized Personnel and/or its details.		
Name :		
New IC No. / Other ID No. :		
Designation :		
Date :		
_____ Signature of Applicant & company's official stamp		