

Restricted, Sensitive (Normal)

AUTHORISATION AND RELEASE OF DOCUMENTS & INFORMATION TO SINGAPORE CORD BLOOD BANK

1. AVENTON LOTA	AVEVUON	, hereby authorise every person,
(full name of applicant)		
authority in which I have been trainformation concerning my licens other information pertaining to Department, Singapore Health Singapore	ssociations, licensing and ained, practised, or work sure, professional qualities me to the representervices Pte Ltd ("CHR, and Bank Limited ("SCBE)	cies, professional societies, institutions of uthorities and their appropriate sources in ted in, to release records, documents and fications and competency, character and tatives of Corporate Human Resource SingHealth") providing Human Resources i"), for the purpose of conducting primary elation to my job application.
I further request and authorise t directly to:	hat the requested infor	mation, documents and records be sent
	Corporate Human Reso Singapore Health Servio 168 Jalan Bukit Merah Surbana One, #17-01 Singapore 150168	urce Department ces Pte Ltd
I hereby release and discharge SCBB and CHR, SingHealth, its agents and all persons, hospitals, companies, organisations, accreditation agencies, professional societies, institutions of tertiary education, professional associations, licensing authorities and their appropriate sources in authority having control from any and all liability for any communications, reports, records, statements, documents, recommendations or disclosures involving me made in good faith and without malice requested or received by SCBB and CHR, SingHealth.		
I agree and understand that the authorisation given by me shall be irrevocable for a period of one year and that a copy of this authorisation shall be as binding as the original.		
Signed by		In the presence of
LOTA MERLICH		Nurul Syafiqah
Full Name of Applicant		Full Name of Witness
Signature		Signature
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12 but year	Principles of the Commission o	07.11.2022
Dale		Date