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| **Form 1b: Declaration of Authorised Person** |
| The following resolution was passed at a meeting of the Board of Directors of <**Company Name**> (Hereinafter referred to as "the Company") on the <**Day**> of <**Month**> <**Year**>.  It was resolved that:  <**Named Officer 1**>, <**ID number**> , or failing him, <**Named Officer 2**> , <**ID number**> be hereby duly authorised to represent <**Name of your organisation/institution**> to conduct dealings with the SERVICES SETA in relation to the 2019-20 Discretionary Grant Application. |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this the \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_ 2019  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Director/Board Member Named Officer (Authorised Person)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *( Signature)* *( Signature)*  Witness 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Witness 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For purposes of communication the following contact details should be used:** |
| **Full Names of Authorised Person:** |
| **Tel no:** |
| **Cell no:** |
| **Email:** |
| **Physical address:** |
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**(To be printed on applicant’s institution/Organisation letterhead)**