



DEPARTMENT OF CO-OPERATIVES AND FRIENDLY SOCIETIES

CHARITY AUTHORIZED SIGNATURE FORM

CHARITY NAME:.....

CHARITY TRN:.....

CHARITY ADDRESS:.....

CHARITY EMAIL ADDRESS:.....

DIRECTOR(S):

Name..... Signature:.....

Name..... Signature:.....

Name..... Signature:.....

Name..... Signature:.....

Name..... Signature:.....

Name..... Signature:.....

Name..... Signature:.....

Name..... Signature:.....

NOTE:

- If additional signatures are required, kindly copy this form.
- The Department may share this information with other Government Agencies