

DEPARTMENT OF CO-OPERATIVES AND FRIENDLY SOCIETIES

CHARITY AUTHORIZED SIGNATURE FORM

NAME OF CHARITY:.....

CHARITY TRN:.....

CHARITY ADDRESS:.....

CHARITY EMAIL ADDRESS:.....

AUTHORIZED OFFICER(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*