

**APPROVED SIGNATORIES TO SIGN
CPW AUTHORISATION CERTIFICATE**


Date: _____

FROM	TO
Company :	RLC Infrastructure Department
Department :	Permit Office
Telephone :	Telephone : 474-8463
Facsimile :	Facsimile : 474-8469

With reference to the above, please find below the names of our management with the specimen signature against each name, who are authorized to endorse the Authorization Certificate for RLC Consolidated Permit to Work for the year 200... :

No.	Name	Position	Signature
		Tel:	
		Tel:	
		Tel:	
		Tel:	

Best Regards,

(_____)
Director of 

To be completed by RLC:

	Name	Signature
Received by		

Distributed to:	
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