LETTER OF AUTHORITY

**Re : Authorize Letter for SME matching Grant Application**

Date : XX/xx/2020

To whom it may concern,

We hereby authorized the Submission Document Person and One of the Director Name in BSN form to apply for the SME matching Grant act on behalf of \_\_Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Your help and assistance would be highly appreciated. Thank you.

Authorized by :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Signature)

(Director name) (Director name)

Date : Date :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

(Director name)

Date :

Company Chop