



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 2017-18 Discretionary Grant Application.

Signed _____ on this the _____ day of _____ 2025

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: