



(To be printed on applicant's institution/Organization letterhead)

### Form 1b: Declaration of Authorized 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 2024-25 Discretionary Grant Application.

Signed \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 2026

\_\_\_\_\_  
Director/Board Member

\_\_\_\_\_  
Named Officer (Authorized Person)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Witness 1: \_\_\_\_\_

Witness 2: \_\_\_\_\_

For purposes of communication the following contact details should be used:

Full Names of Authorized Person:

Tel no:

Cell no:

Email:

Physical address: