Annex P-C

Singapore Deposit Insurance Corporation Ltd

Policy Owners' Protection (PPF) Scheme Notification of Authorised Representative Form



The following are our Authorised Representatives with effect from *<date>* for the purpose of SDIC Rule P14:

Authorised Representative					
S/No	Salutation and Name	Designation	Tel	Email Address	
1					
2					
3					
4					
5					
6					

Note: Please appoint at least two (2) but not more than six (6) Authorised Representatives.

Name:	
Designation: <refer an="" any="" c-suite="" equivalent="" of="" officer="" or="" organisation<="" td="" the="" to=""><td>tion></td></refer>	tion>
Organisation:	
Date:	