

## AUTHORISATION FOR COLLECTION OF MEDICAL REPORT

Notes:

1. This form is required if a representative is collecting the completed medical report on behalf of the applicant of "Application & Consent for Release of Medical Information".

**LETTER OF AUTHORISATION**

I, (Applicant's name as in \*NRIC/Passport) \_\_\_\_\_ (Applicant's Identification  
No.) \_\_\_\_\_ hereby appoint (Representative's name as in \*NRIC/Passport)  
\_\_\_\_\_ (Representative's Identification No.) \_\_\_\_\_

as my representative, and authorise him/ her to collect the medical report when it is ready.

I am aware that he/ she is required to produce the following documents upon collection:

- This signed letter of authorisation letter
- A copy of his/her Identification Document (front and back views)
- A copy of my Identification Document (front and back views)

Applicant's Signature & Date: \_\_\_\_\_