

APPENDIX - C

(For Adding / Removing of Authorized Credit Voucher Signature details)

 All fields marked with * are Please fill up the form using 			TERS												
Taxpayer Identification Number	er (TIN)	*	:												
Simplified Value Added Tax Nu	ımber (S	SVAT)	:												
Please enter particulars of at lec	ast 2 Au	thorize	d perso	ons to s	ign C	redit V	ouche	ers							•
Detail of Authorized Person 0	<u>1</u>														
National Identity Card / Passpor	t No. *	:													
Issuance Country of Passport * For Foreigner	:				•	•									
Name with Initials *	1														
Salutation *	:	Rev.	☐ Prof	. 🗖	Dr.		Mr.		Ms.						
Date of Birth *	D	D	/ M	M	/	Y	Y	Y							
ADDRESS * (English) Premises No.	Partn	er		Proprie	etor		1	Unit N	·	: [0	thers		
										Pos	tal C	ode			
CONTACT DETAILS * Please provide at least one of contac	t informa	ation													
Mobile :					Offic	e :									
Home :					Em	ail:	•		1	•	,	•	•	•	•
AUTHORIZATION *								_	SPE	CIN	IEN	SIG	NAT	URE	*
Date of Commencement : D	D	/ M	M	/	YY	Y	Y		_	_		_	_	_	
Date of Termination : D	D	/ M	M	/	YY	Y	Y								

Detail of Authorized Person	$\underline{\mathbf{n}}$
National Identity Card / Passp	port No. :
Issuance Country of Passport * For Foreigner	
Name with Initials	
Salutation	: Rev. Prof. Dr. Mr. Ms.
Date of Birth	: D D / M M / Y Y Y
Position in the company / bu Director ADDRESS (English) Premises No.	asiness: ☐ Partner ☐ Proprietor ☐ Related Entity ☐ Others : Unit No. :
Address	
CONTACT DETAILS Please provide at least one of con	
Mobile :	Office:
Home :	Email:
AUTHORIZATION *	SPECIMEN SIGNATURE *
Date of Commencement :	D D / M M / Y Y Y D D / M M / Y Y Y Y