

LETTER OF AUTHORISATION

(Collection of Movie Tickets for Movie Treats Contest)

All fields are mandatory.

To whom it may concern:

I, _____, with _____
(SAFRA Member's Name) (Membership No. E.g. A100123456)

hereby authorize _____, (D.O.B: _____)
(Name of Proxy / Authorised Personnel) (Proxy's Date of Birth – DD/MM/YYYY)

to collect the movie tickets won for **Marvel Studios' Fantastic Four: First Steps** on my behalf.

I understand that my original / photocopied Membership Card and my Proxy / Authorised Personnel's original photo ID will be requested for proof of identity at the point of gift collection, together with this Letter of Authorisation upon collection. All identification document(s) will be returned immediately upon verification.

By submitting this application, I confirm that: (a) the information provided by me is true and correct, (b) I consent to SAFRA's collection, use and disclosure of my personal data for the purposes set out in SAFRA's Privacy Policy (www.safra.sg/privacy-policy) relating to membership / interest group / events / use of services and facilities (as may be applicable) and SAFRA's general business purposes, as amended from time to time, which outlines how SAFRA manages my personal data in accordance with the Personal Data Protection Act 2012; and (c) where Personal Data of any third party is provided by me, I have obtained the consent of the third party to our collection, use and/or disclosure of those Personal Data.

Name / Signature of SAFRA Member

Date