

LETTER OF AUTHORISATION

(Collection of Movie Tickets for Movie Treats Contest) All fields are mandatory.

To whom it may concern:	
I,, v (SAFRA Member's Name)	vith
hereby authorize	, (D.O.B: (Proxy's Date of Birth – DD/MM/YYYY)
to collect the movie tickets won for Wicked: For Good or	,
I understand that my original / photocopied Membership Car original photo ID will be requested for proof of identity at the po of Authorisation upon collection. All identification document(s) w	oint of gift collection, together with this Letter
By submitting this application, I confirm that: (a) the information consent to SAFRA's collection, use and disclosure of my person Privacy Policy (www.safra.sg/privacy-policy) relating to mem services and facilities (as may be applicable) and SAFRA's ge time to time, which outlines how SAFRA manages my personal Protection Act 2012; and (c) where Personal Data of any third processent of the third party to our collection, use and/or disclosured	nal data for the purposes set out in SAFRA's bership / interest group / events / use of neral business purposes, as amended from I data in accordance with the Personal Data party is provided by me, I have obtained the
Name / Signature of SAFRA Member	 Date