



AUTHORISATION LETTER

l	(Mem	ber's Name) with	(Membership No)
from		(Company Name), hereby authorize my	
representati	ive:-		
Deta	ils of Authorised Representative		
Name		:	
NRIC/Passport No.		:	
Contact Number		:	
Signa	ature of the Authorised Representativ	e :	
to collect the	e following (table below) Priority Plus	redemption rewards on n	ny behalf.
No.	Redeeme	d Reward Items/Vouchers	
*Please note t prior to date of		ed, signed off and sent to price	orityplus-chsa@concorde.net
	nature of Priority Plus Member		 Date