



**AUTHORISATION FORM  
COLLECTION OF CERTIFICATE OF ACHIEVEMENT**

This is to authorise Mr/Mdm/Ms \_\_\_\_\_

from \_\_\_\_\_, NRIC No. \_\_\_\_\_  
(Company's name)

to collect the Certificate(s) of Achievement from Muis Academy on behalf of the following participant(s):

| No. | Name of Participant/s | NRIC/FIN | Training Date |
|-----|-----------------------|----------|---------------|
| 1.  |                       |          |               |
| 2.  |                       |          |               |
| 3.  |                       |          |               |

\_\_\_\_\_  
Name of Authorising Personnel &  
Designation

\_\_\_\_\_  
Signature

Contact No.: \_\_\_\_\_

\_\_\_\_\_  
Date & Company's Stamp

**ACKNOWLEDGEMENT**

I acknowledge that I have received the Certificate of Achievement for the abovementioned participant(s) on behalf of my company.

\_\_\_\_\_  
Signature & Date  
Company Representative (Collector)

\_\_\_\_\_  
Administrator Signature & Date  
Warees Halal (Issuer)