

	SPECIMEN SIGNATURE CARD FOR AUTHORIZED REPRESENTATIVE	Page No.	Page 1 of 1
		Form No.	GLDD - 1012
		Revision No.	3
		Effectivity	July 12,2023

Date:		
Name of Supplier:		
Business Address:		
PERSONS AUTHORIZED BY SUPPLIER TO SIGN FORMS		
Name	Position/Title	Please honor and recognize the following signatures:
		1.
		2.
		1.
		2.
		1.
		2.
CERTIFICATION		
This is to certify that the person/s whose signature/s appears above is/are our authorized representative/s designated to sign Forms for submission to the Gaming Licensing and Development Department (GLDD). We also understand that if the Forms submitted are signed by any other person not included in this list, the same shall not be processed and subsequently returned by GLDD.		
Approved by: (To be filled up by the Supplier's CEO or its equivalent)		
NAME & POSITION (Please Sign over Printed Name)		DATE