

## **SPECIMEN**

*Letter of Authority for Business Entity  
where the representative is a director or a partner of the Business Entity  
whichever is applicable*

Date: \_\_\_\_\_  
(state date of attendance)

The \*Registrar/\*Referee  
Small Claims Tribunals  
Subordinate Courts  
Singapore

Dear Sir/Madam,

### **Letter of Authorisation**

Re: Claim No: \_\_\_\_\_  
(state Claim/CounterClaim/No)

We authorise Mr/Miss/Mrs/Mdm \_\_\_\_\_

(name as in NRIC/Passport)

Passport/NRIC No: \_\_\_\_\_, \_\_\_\_\_ to represent us  
(state correct No) (state designation )

on behalf of our \*company/\*partnership at the \*Consultation/Hearing, on \_\_\_\_\_.  
(state date)

Thank you.

\_\_\_\_\_  
Signature

Name:

I/C No:

Designation:

**\* Delete whichever is not applicable**

### **This is only a specimen and not to be used**

You will have to type this Letter of Authority on your business entity's letterhead. Your representative is to bring a freshly dated Letter of Authority for *each* Consultation and for *each* Hearing.

## **SPECIMEN**

*Letter of Authority for Business Entity  
where the representative is a full-time employee of the Business Entity  
(applicable to pte ltd company, corporation, LLC, LLP)*

Date: \_\_\_\_\_  
(state date of attendance)

The \*Registrar/\*Referee  
Small Claims Tribunals  
Subordinate Courts  
Singapore

Dear Sir,

### **Letter of Authorisation**

Re: Claim No: \_\_\_\_\_  
(state Claim/CounterClaim/No)

We confirm that Mr/Miss/Mrs/Mdm \_\_\_\_\_  
(name as in NRIC/Passport)

Passport/NRIC No: \_\_\_\_\_,  
(state correct No) (state designation of representative)

is our full-time employee and is authorized to represent us on our behalf at the \***Consultation/Hearing**, on  
\_\_\_\_\_  
(state date)

Thank you.

\_\_\_\_\_  
Signature

Name:  
I/C No:  
Designation:

**\* Delete whichever is not applicable**

### **This is only a specimen and not to be used**

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letterhead. Your representative is to bring a freshly dated Letter of  
Authority for *each* Consultation and for *each* Hearing.