PROXY FORM (N-LEVEL)

| I, parent/ guardian* of | (Full Name of student) of Class | |
|---|---------------------------------|--------------------------------|
| (Student NRIC/ FIN | / Passport no.) am unable to | collect the results and |
| accompanying documents in person. | | |
| I hereby authorise Mr / Ms / Mdm* | | (Full Name of proxy), |
| (NRIC/ FIN/ Passport no. | of proxy) who is my | (State |
| Relationship) to collect the results and accompa | anying documents on my beha | alf. |
| By appointing the proxy, I have authorised the p | erson to act on my behalf with | nout any reservations. |
| Name of Parent/Guardian* | ignature | Date |
| NRIC/ FIN/ Passport no*: | | |
| * Please delete as appropriate | | |
| Note: | | |
| The person whom you authorize to collect your | result slip and other documen | its on your behalf must |
| be aged 21 and above bring along this letter of | | |
| FIN/ Passport for verification purposes. Please | · | sonnel can only collect |
| the result from 3.00 pm on the day of results rel | заse. | |
| For Official Use: | | |
| Date of collection: | | |
| Signature & contact number of Proxy: | | |
| Issued by: (Nam | ne of staff) | |

Tel: 6448 6433 Fax: 6449 4405 Web: chijkatongconvent.moe.edu.sg Email: chijktcs@moe.edu.sg