



**PARTICULARS OF PERSON ACTING AS REPRESENTATIVE OF THE ENTERPRISE**

I, the undersigned, confirm that the information provided above is accurate, and that while in receipt of payment from NHBRC, will inform NHBRC of any changes that take place pertaining the information provided above.

|                                  |  |
|----------------------------------|--|
| <b>Representative's Full</b>     |  |
| <b>Names:</b>                    |  |
| <b>Capacity: Contact number:</b> |  |
| <b>Date:</b>                     |  |
| <b>Signature:</b>                |  |