

Resolution				Confidential
Resolution passes at a duly cons	tituted meeting of the	9		
(Owner/Director/Members/Trustees	s/Partner) of			
				(Registered Name of the Business)
				(Registration Number) held at
		(Place) at	(Time) on	(Date)
Resolved:				
That				(Name of Natural Person)
in his/her capacity as				(Owner/Director/Trustee/Partner)
be and is hereby authourised to make application to the Private Security Sector Provident Fund on behalf of				
			(registered name	of business) to be a participating
employer in the Private Security S	Sector Provident Fund	t		
Signature				
Specimen signature of duly authourised person Date				
Certified correct				
name	Capacity	Signat	ure	Date
name	Capacity	Signat	ure	Date
name	Capacity	Signat	ure	Date
name	Capacity	Signat	ure	Date
name	Capacity	Signat	ure	Date

Signature

Date

(All Partners/Directors/Members/Trustees to sign) This document needs to be printed on the company letterhead

Capacity

name