



**EXPRESSION OF INTEREST
ARTISANS AND TECHNICIANS
2020 - 2021**

SECTION D: Authorisation

We hereby confirm that the information supplied on the accompanying schedules is true and correct.

Name and Surname of SDF: _____

Contact details: _____

Signature: _____

Date: _____

Name and Surname of Organisation Representative: _____

Designation in the organisation: _____

Contact details: _____

Telephone: _____

Mobile (Cell): _____

Signature: _____

Date: _____