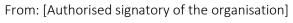
Provider: Authorised Personnel and their contact details

Text to be pasted onto Provider organisation's headed notepaper



Title:





Address:						
Date:						
TO: MSME Financing G	ateway Tanzania Host orgai	nization, MSME Financ	ing Gateway manager			
The persons named be notice:	low are hereby authorised	to make changes to o	ur organization's data and pro	file on the MSME Financi	ng Gateway until further	
First name	Last / Family name	Official title	Mobile telephone #	Mobile telephone #	E-mail address	
For, and on behalf of:				By signing this document, or by transmitting the information in it to		
Organisation name:			and accepted the Te	the MSME Financing Gateway Host organization, I agree that I have read and accepted the Terms of Use at: https://tanzania.financinggateway.org/en/terms-conditions		
Official title:			· ·	and the Host organization's Privacy Policy at: https://tanzania.financinggateway.org/en/privacy-policy		
Signature:			Our organization und	Our organization undertakes to notify the Host of the MSME Financing		
Date / Place:				Gateway of any change in authorizations. The Host will not be liable for changes to data and information made by authorized persons.		