

Provider: Authorised Personnel and their contact details

Text to be pasted onto Provider organisation's headed notepaper

From: [Authorised signatory of the organisation]

Title:

Address:

Date:

TO: MSME Financing Gateway Rwanda Host organization, MSME Financing Gateway manager

The persons named below are hereby authorised to make changes to our organization's data and profile on the MSME Financing Gateway until further notice:

First name	Last / Family name	Official title	Mobile telephone #	Mobile telephone #	E-mail address

For, and on behalf of:

Organisation name:

Official title:

Signature:

Date / Place:



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By signing this document, or by transmitting the information in it to the MSME Financing Gateway Host organization, I agree that I have read and accepted the Terms of Use at:

<https://rwanda.financinggateway.org/en/terms-conditions>

and the Host organization's Privacy Policy at:

<https://rwanda.financinggateway.org/en/privacy-policy>

Our organization undertakes to notify the Host of the MSME Financing Gateway of any change in authorizations. The Host will not be liable for changes to data and information made by authorized persons.