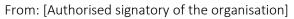
Provider: Authorised Personnel and their contact details

Text to be pasted onto Provider organisation's headed notepaper





Address:





Date:						
TO: MSME Financing G	Bateway Rwanda Host organ	ization, MSME Financir	ng Gateway manager			
The persons named be notice:	elow 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: Organisation name:			the MSME Financing and accepted the Te	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		
Official title:				and the Host organization's Privacy Policy at: https://rwanda.financinggateway.org/en/privacy-policy		
Signature:			-	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.		