

Annexure: D

**Specimen signatures of officials authorised to receive goods (LTSM and local purchases)
on behalf of the school**

Name of school: _____
EMIS number: _____

Details of officials authorised to receive LTSM to be delivered to the school during 2027/28

Surname and first name(s): _____
Designation: _____
PERSAL number: _____
Signature: _____

Surname and first name(s): _____
Designation: _____
PERSAL number: _____
Signature: _____

Surname and first name(s): _____
Designation: _____
PERSAL number: _____
Signature: _____

The information submitted is certified as correct.

Payments should be made only in respect of invoices CERTIFIED by the principal or one of the above authorised officials.

Signature of principal

Date

Name

PERSAL number

School stamp