

## ONE@ECDA CENTRE ADMINISTRATOR USER NOMINATION FORM

**Nomination of Centre Administrator(s)**

I confirm that by nominating the following staff as Centre Administrators, I have authorised them to have access to all programme and non-programme staff account information under my centre. This nomination shall remain in force until it is revoked in writing.

S/N	Salutation	Full Name	ID Type	ID Number	Gender	Email Address
1	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work Permit <input type="checkbox"/> Others		<input type="checkbox"/> Female <input type="checkbox"/> Male	
2	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work Permit		<input type="checkbox"/> Female <input type="checkbox"/> Male	

	<input type="checkbox"/> Dr		<input type="checkbox"/> Others			
3	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work Permit <input type="checkbox"/> Others		<input type="checkbox"/> Female <input type="checkbox"/> Male	

\*Delete if applicable

**Revocation of Centre Administrator(s)**

S/N	Salutation	Full Name	ID Type	ID Number	Gender	Email Address
1	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work Permit <input type="checkbox"/> Others		<input type="checkbox"/> Female <input type="checkbox"/> Male	
2	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work Permit <input type="checkbox"/> Others		<input type="checkbox"/> Female <input type="checkbox"/> Male	

	<input type="checkbox"/> Dr					
3	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		<input type="checkbox"/> Pink NRIC <input type="checkbox"/> Blue NRIC <input type="checkbox"/> Work Permit <input type="checkbox"/> Others		<input type="checkbox"/> Female <input type="checkbox"/> Male	

\*Delete if applicable

<sup>1</sup>This form is authorised by:

**Name of Licensee/  
Main Applicant**

---

**NRIC No.**

---

**<sup>2</sup>UEN of Centre**

---

**Name of Centre**

---

**Centre Code**

---

**Address of Centre**

---



---

**Company Stamp**

---

---

I, declare that all the information made above are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Main Applicant/Licensee

\_\_\_\_\_  
Date

<sup>1</sup>Please note that this nomination form should be authorised by the licensee/main applicant of the centre. In instances where the licensee/main applicant delegates his/her authority to nominate centre administrator(s), please inform ECDA in writing.

<sup>2</sup>Unique Entity Number (UEN) is a standard identification number issued to registered entity such as businesses, local companies, LLPs, societies and representative offices.