

APPOINTMENT OF LOCAL GUARDIAN

(For Singapore Permanent Residents and International Students)

I, _____, the father/mother/legal guardian* of _____,
(name of parent / legal guardian) (name of student)

Holder of Passport no. _____, a student of Nanyang Technological University, hereby appoint the following
(student's passport no.)

person as the local guardian who shall have the authority to endorse any surgical procedures on _____
(name of student)

_____ on my behalf.

I fully understand that in so doing,

- (1) I will not hold the University and its officers responsible for or liable in any way, and that no action shall arise from any personal injury or loss of life suffered as a result of the guardian's endorsement of the surgery performed, and
- (2) I will indemnify the University and keep the University indemnified against all losses, claims, demands, actions, proceedings, damages, costs, expenses, and any other liability arising from the guardian's endorsement of the surgery performed.

SECTION A: PARTICULARS OF LOCAL GUARDIAN (TO BE COMPLETED BY PARENT/LEGAL GUARDIAN)			
Name			Relationship to Student
Passport No./Identity Card No.			Date of Birth (DD/MM/YYYY)
Occupation			Email Address
Postal Address			
Contact Numbers	<Country code>	<Area code>	<Home number>
	<Country code>	<Area code>	<Office number>
	<Country code>	<Area code>	<Mobile number>
SECTION B: PARTICULARS OF PARENT/LEGAL GUARDIAN			
Name			Relationship to Student Father / Mother / Legal Guardian*
Passport No./Identity Card No.			Email Address
Postal Address			
Contact Numbers	<Country code>	<Area code>	<Home number>
	<Country code>	<Area code>	<Office number>
	<Country code>	<Area code>	<Mobile number>

Signature of Father/Mother/Legal Guardian*:

Date:

* Please delete where applicable

Note: This form must be submitted during the Registration Exercise @ Global Lounge between 30th July and 13th August 2018 (10am to 2pm, closed on Saturday, Sunday and Public Holiday)