



Logo Usage Authorization Request Form

Business Information

Name of Awarded

Merchant :

Application Date :

Contact Person :

Position :

Tel N.º :

Email :

Purpose :

Remark : Please attached design template

Signature and Company Seal/ Stamp :

Complete by Training and Quality Management Department

<input type="checkbox"/> Approve	Suggenti _____ _____ _____ _____
<input type="checkbox"/> Approve w/ amendment	
<input type="checkbox"/> Reject	
<input type="checkbox"/> Others	

Signature of Handling Staff :

/ /

Signature of Head of Department :

/ /

Personal Data Collection:

- The personal data collected in this application form will only be used for this Scheme; retention period is 5 years.
- When resolving consumer disputes by consumer arbitration mechanism, the licensee or licensed company's legal representative will be contacted, and the relevant personal data stated in this form will be forwarded to other competent authorities when necessary;
- Participating licensee or licensed company's legal representative has the right to request access to, make correction of, or update their personal data.