

**<Company Letterhead>**

**Date:** \_\_\_\_\_

**Attention To: Millennium Hotels & Resorts - M & C Rewards Department**

**Subject: Authorisation Letter To Join M & C Rewards Programme**

On behalf of **<ABC Company>** (the “**Company**”), we hereby consent and authorise our employee, **<Employee Name>**, (the “**Employee**”), **<Designation>** to represent the Company and participate in the Millennium Hotels and Resorts (“MHR”) - M & C Rewards Programme (the “**Programme**”) in accordance with the terms and conditions of the Programme and the MHR privacy policy set out in <https://www.millenniumhotels.com/en/utilities/privacy-and-cookie-policy/privacy-and-cookie-policy/> (collectively, the “**Programme Terms**”), each as may be amended or updated from time to time.

The Employee is subject to the Programme Terms and authorised to act for and on behalf of the Company, and that all permissions, including internal approvals from the Company has been obtained for the purpose of and in relation to the Programme. The Company hereby authorises the Employee to liaise with representatives of M & C Rewards on all and any matters relating to the Programme (including dealing with the Programme’s points (“Points”) awarded under the Programme). M & C Rewards may accept and act on any instruction or request made by the Employee, without further reference to the Company.

The Company acknowledges and agrees that the Employee, which will be deemed a member under the Programme, will be awarded Points under his/ her membership in the Programme. MHR will not be held responsible for any Points redeemed by the Employee in any circumstances and the Company will be solely responsible for monitoring and managing the utilisation of the Points by the Employee.

The Company will inform MHR immediately when the Employee is no longer an employee of the Company or is no longer authorised as set out above so that the Employee’s Programme account can be terminated.

**Signed for and on behalf of: <Insert Company name> <Insert Company’s UEN>**

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Contact Number : \_\_\_\_\_  
Date : \_\_\_\_\_

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Company Stamp : 

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**Acknowledged, signed and accepted by employee**

Signature : 

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Name : 

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Designation : 

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Contact Number : 

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Date : 

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