AUTHORISED SIGNATORY

REGISTRATION FORM

Name of Business: .....

Postal Address: .....

IP Number: V .....

.....

(Name of Arrangement)

I, ... (*full name of applicant*) being an employee of the above mentioned business, declare that I:

1. will ensure that all accreditation activities are conducted in compliance with the requirements of the above Arrangement;
2. have received training in the operation of the above Arrangement and understand my responsibilities and requirements under this Arrangement;
3. will ensure that activities under this Arrangement comply with those stipulated in the relevant manual.

.....	.....	/ /
Name of Applicant	Signature	Date
.....	.....	/ /
Name of Management Representative (or delegate)	Signature	Date

Office Use Only

The Applicant is recommended as an Authorised Signatory for the business with the above IP number.

Name (print) ..... Signature ..... Date: / /