

Applicant details

Organisation

Type of organisation SLP Water Co NAV

Organisation Name _____

Address _____

Postcode _____

Email Address _____

Website Address _____

Contact details

First Name _____ Last Name _____

Position/ Job Role _____

Email Address _____

Contact Tel No. _____

Date _____

Signature



Authorised Signatory details

Please provide details of the Authorised Signatory you wish to appoint for the above organisation

First Name _____ Last Name _____

Position/ Job Role _____

EUSR ID _____ Date _____

Email Address _____

Contact Tel No. _____

Signature



SCMC (Water) Specified Job Role(s)

Please tick the Specified Job Role(s) that the Authorised Signatory is required to approve for the above named organisation

| | |
|---------------------------------|--------------------------|
| Competent Person | <input type="checkbox"/> |
| Senior Competent Person | <input type="checkbox"/> |
| Water Company Controller | <input type="checkbox"/> |

LRQA Approval details *(This must be signed by LRQA)*

Full Name _____

Position/ Job Role _____

EUSR ID _____

Email Address _____

Contact Tel No. _____

Date of approval _____

Signature 

For information on what we do with the personal details provided, please read our [Privacy Policy - EUSR](#)

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