

Authorised Signatory details:

First Name _____

Last Name _____

Position/ Job Role _____

EUSR ID _____ Date _____

Email _____

Address _____

Contact Tel No. _____

Signature 

Organisation(s) & Specified Job Role(s)

Please list all organisations and tick the associated specified job roles that this Authorised Signatory is being approved for under SCMC (Water)

Organisation Name & Address	CP	SCP	WCC

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

Full Name _____

Position/ Job Role _____

EUSR ID _____

Email Address _____

Contact Tel No. _____

Date _____

Signature 

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