

## 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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