

Annexure to Authorised Signatory/Verifying Officer Nomination

Organisation Name

Facility Number

Date of Nomination

Section 2 – Authorised Signatory/Verifying Officer Details (Continued)

Please tick (✓) the applicable nomination for each person

Nomination 5

Authorised Signatory Verifying Officer

Full Name

Other names known by (if any)

Position

Residential Address (PO Box not allowed)

Email Mobile

Date of Birth Signature

Nomination 6

Authorised Signatory Verifying Officer

Full Name

Other names known by (if any)

Position

Residential Address (PO Box not allowed)

Email Mobile

Date of Birth Signature

Nomination 7

Authorised Signatory Verifying Officer

Full Name

Other names known by (if any)

Position

Residential Address (PO Box not allowed)

Email Mobile

Date of Birth Signature

Nomination 8

Authorised Signatory Verifying Officer

Full Name

Other names known by (if any)

Position

Residential Address (PO Box not allowed)

Email Mobile

Date of Birth Signature

Section 2 – Authorised Signatory/Verifying Officer Details (Continued)

Nomination 9

Authorised Signatory Verifying Officer

Full Name

Other names known by (if any)

Position

Residential Address (PO Box not allowed)

Email

Mobile

Date of Birth

Signature

Nomination 10

Authorised Signatory Verifying Officer

Full Name

Other names known by (if any)

Position

Residential Address (PO Box not allowed)

Email

Mobile

Date of Birth

Signature