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	
Senior Competent Person	
Water Company Controller	

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