

Page two – **must be completed**

I/We give below the name, specimen signature and designation of each person authorised to sign certificates on my/our behalf and will keep the Chamber informed of any changes of any personnel which may arise.

Primary Contact Authorised Official: This signature will be used on all online applications. The Primary Contact may set up (& deactivate) other users on the online certification system.

*First & Last Name of
Primary Contact:*

.....
(Print / type full name of primary contact. Must be completed even if Primary Contact is same as Authorising Official from page one)

Job Title:

*Direct Tel of Primary
Contact:*

Job Title

*eMail Address of
Primary Contact:*

Tel:

eMail Address:

Primary contact must sign their name fully within the box below. If Primary Contact person is same as Authorising Official from page one, that person signs on page one and also signs here.

Please use black ink and sign completely within the box.



Email completed form to: register@esscert.com
Please send both pages combined into one PDF document - other formats will not be accepted