



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:* Job Title .....

*Direct Tel of Primary Contact:* Tel: .....

*eMail Address of Primary Contact:* 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](mailto:register@esscert.com)  
Please send both pages combined into one PDF document - other formats will not be accepted