**Authorised Signatories**

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| --- |
| **Scheme Name:** Click or tap here to enter text. |

|  |
| --- |
| **Policy Number:** Click or tap here to enter text. |

This form shall be used in conjunction with the Proposal Form and shall include the name and signature of each individual who may complete/sign forms and give instruction regarding this Scheme in the future.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Print Name:** |  | **Signature:** |  | **Position:** |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |
| **Print Name:** |  | **Signature:** |  | **Position:** |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |
| **Print Name:** |  | **Signature:** |  | **Position:** |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |
| **Print Name:** |  | **Signature:** |  | **Position:** |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |

I hereby declare that the above named persons are authorised signatories on behalf of the Policyholder.

I confirm that the above details are in addition to /replace **\*** those already provided to Risk Assurance Management Limited. **(\*please tick as appropriate)**

NB: This form must be signed and dated below by an individual authorised to sign on behalf of the Policyholder. As part of our verification procedure we must be able to authenticate the signature against a specimen held on file. If you are unsure of the signatories we hold on file please contact us.

I agree that a copy of this signed document will be legally valid.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Print Name:** |  | **Signature:** |  | **Position:** |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |

**Date:** Click or tap here to enter text.

Authorised Signatories Form (SF1) 04.2024