

BAPLINK BAPNET AUTHORITY FORM - AFFILIATE

I/We authorise and request the person whose details appear below to be given VIEW ONLY Bapnet access to the accounts listed. I/We understand that this person must be identified by Baplink and if this has not already done a completed Baplink Identification Form is attached.

Affiliate name

Full name

Address

Date of birth Daytime contact number

Client number	Sub-account (eg S1)	Full name (authorised signatory on account)	Signature (authorised signatory on account)
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CLIENT AUTHORISATION MUST BE COMPLETED BY AFFILIATE MANAGEMENT

Minutes Attached - This request must be approved in a meeting of the Management / Committee / Board or Department Heads. By signing below two representatives of the Management / Committee / Board or Department Heads acknowledge that a true and correct copy of the minutes is attached.

Signature (Affiliate Management)	Date	Signature (Affiliate Management)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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