RESTRICTED KEY SYSTEM SIGNATORY ADD or DELETE

Contact Name of Authorising Signatory: _____

Contact Phone Number of
 Authorising Signatory: _____

System Number: _____

Changes Requested

	Add	Delete	Sample Signature (If Adding)
Name: **Position:** **Phone:**	☐	☐	
Name: **Position:** **Phone:**	☐	☐	
Name: **Position:** **Phone:**	☐	☐	
Name: **Position:** **Phone:**	☐	☐	

I declare that my signature is currently registered with CLASS Locksmiths as an authorised signatory for the key system/s stated and I approve the addition or deletion of the above people.

Signature(s)   …………………………………………………….   Date: /   /

                …………………………………………………….

Date created: 15/11/2021