



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:	<input type="checkbox"/>	<input type="checkbox"/>	
Position:			
Phone:			
Name:	<input type="checkbox"/>	<input type="checkbox"/>	
Position:			
Phone:			
Name:	<input type="checkbox"/>	<input type="checkbox"/>	
Position:			
Phone:			
Name:	<input type="checkbox"/>	<input type="checkbox"/>	
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: / /

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