

SPONSOR FORM FOR LOCAL REGISTRATION AUTHORITY (LRA)

A separate form must be completed for each LRA to be appointed.

REGISTRATION

Select one from the following options:

for _____
(Company Name)

(Company Code)

LRA/RA Candidate:

Name

Signature

Business email address

AUTHORIZATION

Authorized Signature:

By signing this form, I (Signing Officer) am confirming my approval for the appointment of the above LRA candidate. I understand that I am responsible for notifying Fundserv of any personnel changes affecting the registration of the above LRA or any suspected compromise to the LRA encryption and/or digital signature keys.

Name

Signature

Title

Date (DD/MM/YY)