

AUTHORISED PERSONS

1 STORER DETAILS

Business Name: _____

Contact Name: _____

Agreement No: _____

Unit No(s): _____

I/We authorise the following persons to have access to our storage unit(s) and provide identification and contact details for each person below (including myself). I/We will supply photo ID for each person ASAP and understand that access codes will not be provided until photo ID is received by RSS.

2 AUTHORISED BY

Name: _____

Position: _____

Date: _____

9 LIST OF AUTHORISED PERSONS

PERSON 1

ID Scanned

First Name _____ **Surname** _____ (Miss / Ms / Mrs / Mr)

Phone _____ **Email** _____

Licence No. _____ **Expiry** _____ **D.O.B** _____

PERSON 2

ID Scanned

First Name _____ **Surname** _____ (Miss / Ms / Mrs / Mr)

Phone _____ **Email** _____

Licence No. _____ **Expiry** _____ **D.O.B** _____

PERSON 3

ID Scanned

First Name _____ **Surname** _____ (Miss / Ms / Mrs / Mr)

Phone _____ **Email** _____

Licence No. _____ **Expiry** _____ **D.O.B** _____

PERSON 4

ID Scanned

First Name _____ **Surname** _____ (Miss / Ms / Mrs / Mr)

Phone _____ **Email** _____

Licence No. _____ **Expiry** _____ **D.O.B** _____

PERSON 5

ID Scanned

First Name _____ **Surname** _____ (Miss / Ms / Mrs / Mr)

Phone _____ **Email** _____

Licence No. _____ **Expiry** _____ **D.O.B** _____

PERSON 6

ID Scanned

First Name _____ **Surname** _____ (Miss / Ms / Mrs / Mr)

Phone _____ **Email** _____

Licence No. _____ **Expiry** _____ **D.O.B** _____

AUTHORISED PERSONS

PERSON 7

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
 Phone _____ Email _____
 Licence No. _____ Expiry _____ D.O.B _____

PERSON 8

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
 Phone _____ Email _____
 Licence No. _____ Expiry _____ D.O.B _____

PERSON 9

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
 Phone _____ Email _____
 Licence No. _____ Expiry _____ D.O.B _____

PERSON 10

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
 Phone _____ Email _____
 Licence No. _____ Expiry _____ D.O.B _____

PERSON 11

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
 Phone _____ Email _____
 Licence No. _____ Expiry _____ D.O.B _____

PERSON 12

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
 Phone _____ Email _____
 Licence No. _____ Expiry _____ D.O.B _____

PERSON 13

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
 Phone _____ Email _____
 Licence No. _____ Expiry _____ D.O.B _____

PERSON 14

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
 Phone _____ Email _____
 Licence No. _____ Expiry _____ D.O.B _____

PERSON 15

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
 Phone _____ Email _____
 Licence No. _____ Expiry _____ D.O.B _____