

Please complete using Block **CAPITALS**

Datá: _____

Club Name: _____ **County:** _____

Number of Cover Forms enclosed for checking: _____

I _____ (Insert Name), confirm that:

- The identity documentation provided is in line with the requirements of AccessNI
- Each application has the appropriate individual identity documentation copies attached
- The identity documentation per application belongs to the said individual

Is mise le meas

Sinthe (Nominated Officer): _____

Contact Number: _____

E-Mail: _____