**This form must be completed for any new or renewing Binding Authority or Lineslip, it must be completed before a commitment of any kind is made. Preliminary discussions preceding the completion of this form are permitted but official sign off is required before progressing.**

**1. Facility Name:**

|  |
| --- |
|  |

**2. Product Type: Tick**

|  |  |  |
| --- | --- | --- |
| A. Binding Authority? |  |  |
|  |  |  |
| B. Bulking Lineslip? |  |  |
|  |  |  |
| C. Non-Bulking Lineslip? |  |  |

**3. Brief Description:**

|  |
| --- |
|  |

**4. Person Responsible \_\_\_\_\_\_\_\_\_**

**When completed please pass to Compliance for their agreement.**

**Signed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_