



APPLICATION FOR REGISTRATION FORM

Virtual Integrated Registry and Regulatory General Information Network
(VIRRGIN)

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General Information

1. Registered Agent Name

2. Agent Licence Number

3. Agent Contact Person

4. Agent Title

5. Agent Contact Number

6. Agent Fax Number

7. Physical Address

8. Mailing Address

9. Email Addresses

General:

Technical:



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Authorised Signatory - Particulars of Registered User

Request User ID (Alphanumeric, max. 10 characters)

Please request a separate User ID for each
Registered Agent that you represent.

Title:

Mr. Mrs. Miss

Last Name

First Name

Email Address

Financial Contact Information

Name

Title

Contact Phone Number

Email Address



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Declaration by Authorised Signatory

1. I confirm that the information given by me in this form is correct and complete.
2. I have read and understood the Terms and Conditions of the Virtual Integrated Registry and Regulatory General Information Network (VIRRGIN) and agree to be bound by them.

Authorised Signatory

(PRINT NAME)

Authorised Signatory

(Signature)

Date

(DD/MM/YYYY)