



# APPLICATION FOR REGISTRATION FORM

Virtual Integrated Registry and Regulatory General Information Network  
(VIRRGIN)

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## General Information

1. Entity Name

2. Contact Person

3. Title

4. Contact Number

5. Fax Number

6. Physical Address

7. Mailing Address

8. Email Addresses

General:

Technical:

9. Registration Capacity



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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**

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## 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)